

TEEN AdoptCONNECT

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Registration, questionnaire and payment authorization to be completed by parent

Child's Name _____

Parent(s) Name(s) _____

Address: _____

Phone: _____ Email: _____

Child's Birth date: _____ Current Age: _____

Birthplace: _____ Age when adopted: _____

School: _____ Grade: _____

Siblings and ages: _____

Briefly describe your child's strengths: _____

Briefly describe your child's current and/or past struggles/challenges:

What information do you know about your child’s biological parents and/or foster family (if applicable)? _____

Please feel free to share any other information about your child:

PERMISSION, WAIVER AND RELEASE

I give my permission for my child, _____ to participate in the voluntary Teen AdoptCONNECT support group, on the dates confirmed by me. On behalf of myself and my above-listed child, I accept and assume all risk and responsibility for accidents, illness, injury and/or damages which may result from traveling to or from or participating in any of the events or activities associated with sponsoring entity, including all activities relating to Teen AdoptCONNECT support group. While participating in the group, my child and I also agree to abide by any directions or instructions given by Lesli Johnson and/or Angela Gee. I understand that participating in this group may carry risks, including injury, and freely and without reservation assume all such risks on behalf of myself and my child. I have read the foregoing and understand that its terms include my consent to assume certain responsibilities and to release Lesli Johnson and Angela Gee from certain liabilities. I understand that, by participating in the Teen AdoptCONNECT support group, I agree to these terms on behalf of myself and my minor child.

Parent Name: _____

Parent Signature: _____ Date: _____

Credit Card Payment Authorization Form

Sign and complete this form to authorize Angela Gee or Lesli A. Johnson to make a debit to your credit card listed below after each Teen Group.

By signing this form you give Angela Gee or Lesli A. Johnson permission to debit your account for the amount indicated after each scheduled therapy session.

Please complete the information below:

I _____ authorize Angela Gee or Lesli A. Johnson to charge my credit card for the amount of \$20.00 after each scheduled therapy session.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover American Express
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, Discover and 4 digit number on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please complete all forms and return via PDF or JPG to:

Lesli A. Johnson, MFT: lesli@askadoption.com

Angela Gee, MFT: angela@angelageemft.com