2017









## THE HELP GROUP KIDS LIKE ME 2017 REGISTRATION FORM

Please complete form and mail/fax/submit electronically along with payment to:

The Help Group

ATTN: Nicole Webb

13164 Burbank Blvd., Sherman Oaks, CA 91401 or fax to 818.786.0094 Submitting form and payment reserves a space in the program

PARENT/GUARDIAN FIRST NAME				LAST NAME	_ LAST NAME		E-MAIL	
ADDRESS			CITY	CITY		P		
HOME PHWORK PH				CELL_	CELL			
MAKE CHECKS PAYABLE TO: THE HELP GROUP OR CHARGE M				MY: UNISA MASTERCARD	□ AMEX	X.		
CARD NUMBER			EXP. DATE	SECURITY CODE				
CARDHOLDER'S FULL NAME (PLEASE PRINT)SIGNATURE						E		
WHERE DID YOU HEAR ABOUT OUR PROGRAM?								
* Parents will be asked to complete an intake in order to determine program's ability to meet child's needs.								
STUDENT NAME FIRST / LAST	AGE	GRADE	M/F	CLASS TITLE		LOCATION (SO/CO	) FEE	
						TOTAL		