

Loving Me: Children's Celebration of Who They Are
Registration Form

Located at:
Bayside Counseling
1921 Boston Post Rd #207 Westbrook, CT 06498
(860) 399-9500 www.baysidecounseling.net

Please fill out the form below and mail it back to the address above.

Name: _____

Home Address: _____

Date of Birth: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Are there any allergies we need to be made aware of with food:

How did you hear about the group?

Loving Me is \$30.00 per session at a self-pay rate. State and commercial insurances are accepted. Please check which option of payment you prefer:

I would like to self-pay _____ I would like to use my insurance _____

If you have state or commercial insurance that you would like to use please provide the required information below:

Insurance Company: _____

Insurance ID#: _____ Group/Policy#: _____

Name of person who carries Insurance: _____

The insured person's Date of Birth: _____

Phone # on card for Behavioral/Mental Health Services or Provider Services:

Insured Person Home Address and Home Phone# (if different from above):

Note: All clients using commercial insurance are responsible to pay their co-pay or pay \$30.00 each session towards their deductible as authorized through each individual plan.

Please inform us of any special needs, mental health or medical concerns you may have:
