

**REGISTRATION FORM**  
**STRENGTHENING YOUR CHILD'S**  
**SOCIAL SMARTS: STRATEGIES TO HELP CHILDREN**  
**WITH SOCIAL COGNITIVE CHALLENGES**  
For parents/caregivers of children grades K-8  
Saturdays, August 6 and 13, 2016 from 9:00 AM to 12:00 Noon  
**Registration Deadline is Friday, July 29, 2016**

**Please complete this form and return ASAP (prior to the first day) via email.**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Best Phone Number to Reach You: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Child with social challenges: \_\_\_\_\_ Child's date of Birth \_\_\_\_\_

When was your child diagnosed? \_\_\_\_\_ What is his/her diagnosis? \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has your child been seen at UNC in the past? \_\_\_\_\_ UNC Medical Record # \_\_\_\_\_

What are some of your child's interests/strengths/achievements?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of your child's social/academic/behavioral challenges?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What strategies have you tried? What has helped? What has not helped?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration fee is **\$200.00** (one parent/caregiver) or **\$300.00** (two parents/caregivers) and is due by prior to the first class session. A receipt will be given at the end of the educational program for you to submit to your insurance for possible reimbursement. We do not file insurance for this group. We accept a check or MC/VISA. Please contact Teresa McCrimmon, Clinical Billing Administrator to make your payment over the phone at 919-966-4135. Email any questions to Sherry Mergner, MSW, LCSW at [sherry.mergner@cidd.unc.edu](mailto:sherry.mergner@cidd.unc.edu).