Cycle Registration Form

The Brent Woodall Foundation provides therapy year round, within a 3 Cycle format.

- Spring Cycle January - May
- Summer Cycle June - August
- Fall Cycle September - December

Parents must register for their child's therapy for each Cycle. When completing the registration form, parents will indicate their top 2 preferred session schedules. No schedule is guaranteed; therefore, it is required an alternate schedule be provided. Sessions are given out on a first come, first served basis. There is a waiting list for Saturday sessions, and these are not guaranteed. Once reviewed, parents will receive an email confirmation of their approved schedule. Please note, requested schedules are not guaranteed until they are confirmed by a Director via email. Changes in insurance authorization may require changes in schedule and those changes will be made accordingly. Registration forms are due **December 1st for the Spring Cycle, May 1st for the Summer Cycle and August 1st for the Fall Cycle**. The Registration Fee of $50 will be waived for all who turn in their registration form on or before the due date. Any forms turned in after the due date will incur the $50 registration fee. Please turn the registration form into the black money box located on the wall in the waiting room. Please do not turn them into any staff members. Any schedule changes that occur without 30 days' notice will incur the Registration Fee of $50. All accounts must be up to date and paid in full before schedules will be confirmed. Sessions are scheduled by the hour. We do not provide half-hour sessions. Sessions are available Monday-Friday 8:00am-6:00pm and Saturdays 9:00am-5:00pm.

Registering for: Winter (Jan- May) Summer (June- Aug) Fall (Sept- Dec)

Child's Name:_____ Client Code: _____ Date of Birth:_____

Mother's Name: _____

Email: _____ Phone Number: _____□primary

Father's Name: _____

Email: _____ Phone Number: _____□primary

Home Address:_____

City:_____ State:_____ Zip:_____

Preferred Schedule	**Alternate Schedule**
Program: ☐ 1:1 services ☐Social Group ☐Consultation	Program: ☐ 1:1 services ☐Social Group ☐Consultation
Monday:_____	Monday:_____
Tuesday:_____	Tuesday:_____
Wednesday:_____	Wednesday:_____
Thursday:_____	Thursday:_____
Friday:_____	Friday:_____
Saturday:_____	Saturday:_____
Schedule to start:_____	Schedule to start:_____