

*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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_