



Carrie Heller, M.S.W., L.C.S.W., R.P.T
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404-549-3000

CIRCUS ARTS THERAPY® GROUP ENROLLMENT AGREEMENT

The participant, his/her parents or guardians agree to abide by the rules set by the Circus Arts Institute as follows for the health, safety and welfare of the program. Circus Arts Institute reserves the right to dismiss a participant whose conduct or influence is detrimental to the group. If this becomes necessary, there will be no refund. Carrie Heller will consult with the parents before dismissing a participant.

I have filled out the enclosed forms and they are correct so far as I know, and the participant herein described has permission to engage in all prescribed activities except as noted.

- **We request a 3 month commitment** although most children stay for the full year and many continuing to return after that time.
- **Leaving the Group:** I ask that you give me preferably one month, but we require no less than 2 weeks' notice if you plan to remove your child from the group so that I can prepare the group and so we can say good-bye. This allows us proper closure time for the therapy group. I also ask that you contact me directly by phone or in person if you wish to remove your child from the group—please do not email.
Initial here: _____
- **All payments (for the upcoming month) are due the week prior to the beginning of each month.** You can bring a check made out to the Circus Arts Institute or we can send you a Paypal link to pay via credit card.
- **Missed Class Policy:** There are no refunds or make up dates for missed groups. Every child receives "one free miss" per semester (January - May and August - December). We recommend you save this miss for sickness, a passing in your family, or an emergency.
- **Substitute:** Danielle Warren MSW, LCSW, Play Therapist, will join Carrie in the group and at times will fill in for Carrie.
- **Parent feedback and show off times:** There are parent feedback sessions between August and December, as well as between March-May. We also have a show off time in December and May of each year. I will notify you several weeks prior to these dates and times. I ask that all parents book one individual feedback time with me between December and February, and I also encourage parents to book additional feedback time with me as desired or needed by appointment. Typically we all meet at one time and share feedback in a group process. This feedback happens during one of the group sessions. By doing this in a group format, this allows for feedback to be received by parents at no additional charge. Therefore, but signing this agreement, I accept and understand that Carrie will be sharing information about my child with other parents in my child's group during group feedback time unless it is a subject matter best discussed privately and then Carrie will be sure to do so privately. If I am not comfortable with this, I agree to book private feedback time with Carrie and agree to pay separately for this time.

I hereby enroll my child(ren) in Group Circus Arts Therapy® at the Circus Arts Institute.

I have read and understand this Enrollment Agreement and all forms attached.

I agree to abide by the written policies and procedures of the Circus Arts Institute.

We agree to keep you informed of any incidents, such as illness or injury which involve your child.

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

For:

Printed Name of Participant