



Reaching Out Program
Registration Form

Date: Participant's Name:

Participant Email: DOB:

Contact Email: SSN:

Address:

Home phone: Cell phone: Agency (If Any):

Please check which classes you will be taking

Social Club Stars Winter 2019

Emergency Contact (please include two people and two phone numbers for each):

1.

2.

Primary Insurance Carrier:

Secondary Insurance Carrier:

ID#

Group# Group #

Policy Holder's Name:

Policy Holder's DOB:

Note: Invoice can be given at the end of semester by the clinician for reimbursement purposes. Please send in forms of payment together.

Diagnosis: Medications:

Allergies, sensitivities, restrictions including food if any:

It is my wish to participate in the Jubilee Reaching Out Program and I will participate to the best of my ability. I will attend all group sessions. If I must be absent, I will inform Jubilee by phone or email prior to the session. I understand I have pre-paid for these services and no refunds will be given. I will treat all group members with the respect that I want shown to me.

Participant's Signature: Date:

For more information contact: Allison Bohn abohn@jubileemd.org or Tigest Alemu talemu@jubileemd.org
~ 301-949-8626 ~ Fax 301-949-4628 ~



Authorization to Release Information

I, _____, hereby authorize the Jubilee Association of Maryland to release/obtain the following information for the following purpose:

- Stories about me for use in Jubilee Association of Maryland publications, on the agency website and/or social media outlets for public relations and marketing.**

- Photos of me for use in Jubilee Association of Maryland publications, on the agency website and/or social media outlets for public relations and marketing.**

- I do not want stories of me used.**

- I do not want photos of me used.**

Signature

Date

Witness

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