



## PEERS® Training Program at Kelberman Center

To Enroll:

Fill out the form below and email to [clinic@kelbermancenter.org](mailto:clinic@kelbermancenter.org)

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade in School: \_\_\_\_

Type of classroom (regular ed, self-contained, inclusion): \_\_\_\_\_

Psychiatric or Disability Diagnoses (if applicable): \_\_\_\_\_

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

Name of Parent/Caregiver (note: caregiver participation is required): \_\_\_\_\_

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

Any questions or comments? \_\_\_\_\_

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

Fees: \$50/week includes fees for both parent and teen sessions. 14-weeks required. 50% payment due at time of registration (\$350). Full cost = \$700.

This form can be faxed to (315) 749-7054 or emailed to [clinic@kelbermancenter.org](mailto:clinic@kelbermancenter.org)