

TEEN AdoptCONNECT

share • support • learn

A monthly virtual group exclusively for teen adoptees!

Teen AdoptCONNECT provides a unique opportunity for teens to connect with each other and make new friends as they share thoughts, feelings and stories related to adoption in a safe and supportive environment. Teens will develop a better understanding of themselves as they share experiences and challenges with their peers around identity, self-esteem, school, and relationships with family and friends.

When: Every third Thursday of each month

Time: 4:00 to 5:00 pm Pacific Time

Where: We're meeting virtually via Zoom!

Fee: \$35 per meeting

Participants must pre-register to attend

Facilitated by:

Lesli Johnson, MFT: Lesli Johnson was adopted in infancy and works as a licensed Marriage and Family Therapist. She specializes in adoption related issues. Her practice includes adults, adolescents, couples and families. Lesli is dedicated to helping her clients connect the dots of their story in order to achieve understanding, clarity, emotional resilience and a general sense of well being. She utilizes attachment theory, EMDR, Brainspotting, interpersonal neurobiology, mind-body connection and mindfulness practices in her work with her clients. Contact: lesli@askadoption.com or 310-614-1867

Angela Gee, MFT: Angela Gee is a licensed Marriage and Family Therapist. As a Chinese-American adoptee, and adoptive mom of a daughter born in Guangzhou, China, Angela's personal experience informs her clinical practice. Specializing in adoption issues, Angela treats adoptees (adolescents and adults), adoptive or waiting parents, and birth, or first- parents, to help them work through the challenges of grief and loss, early trauma, adjustment, relational and attachment issues that members of the adoption constellation often face. Contact: angela@angelagemft.com or 310-226-7089

Registration, questionnaire and payment authorization to be completed by parent

Child's Name _____

Parent(s) Name(s) _____

Address: _____

Your Phone: _____ Your Email: _____

Your Teen's Email: _____

Teen's Birth date: _____ Current Age: _____

Birthplace: _____ Age when adopted: _____

School: _____ Grade: _____

Siblings and ages: _____

Briefly describe your child's strengths:

Briefly describe your child's current and/or past struggles/challenges:

What information do you know about your child’s biological parents and/or foster family (if applicable):

Please feel free to share any other information about your child:

PERMISSION, WAIVER AND RELEASE

I give my permission for my child, _____ to participate in the voluntary Teen AdoptCONNECT support group, on the dates confirmed by me. On behalf of myself and my above-listed child, I accept and assume all risk and responsibility which may result from participating in any of the events or activities associated with sponsoring entity, including all activities relating to Teen AdoptCONNECT support group. While participating in the group, my child and I also agree to abide by any directions or instructions given by Lesli Johnson and/or Angela Gee. I understand that participating in this group may carry risks, and freely and without reservation assume all such risks on behalf of myself and my child. I have read the foregoing and understand that its terms include my consent to assume certain responsibilities and to release Lesli Johnson and Angela Gee from certain liabilities. I understand that, by participating in the Teen AdoptCONNECT support group, I agree to these terms on behalf of myself and my minor child.

Parent Name: _____

Parent Signature: _____ Date: _____

Credit Card Payment Authorization Form

Sign and complete this form to authorize Angela Gee or Lesli Johnson to make a debit to your credit card listed below in the amount of \$35 after each meeting attended.

Please complete the information below:

_____ I authorize Angela Gee or Lesli Johnson to charge my credit card \$35 after each meeting.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover American Express

Cardholder Name _____

Account Number _____ Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, Discover and 4 digit number on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please complete all forms and return via PDF or JPG to:

Lesli Johnson, MFT: lesli@askadoption.com

Angela Gee, MFT: angela@angelageemft.com