

LEARNING AND THERAPY CORNER

BUILDING STRONG FOUNDATIONS AND BRIGHT FUTURES

PROGRAM REGISTRATION FORM Launch Into Language

Child's Name: _____ Birthdate: _____ Age: _____

Parent/Guardian: _____

Address (include city & zip code):

Phone Numbers: (H): _____ (C): _____

Medical Assistance # (if applicable): _____

Email Addresses: _____

Emergency Name/Phone Number: _____

Physical/Dietary Restrictions: _____

Allergies: _____

Current School (if any): _____ Current Grade: _____

Current Services Being Received (if any; Speech, OT, Psych., etc.) _____

SESSIONS AND HOURS

Session	Dates/Times	Cost
Launch Into Language: Sensorimotor play-based group	Wednesdays from 9:30-10:30 am July 5, 12, 19, 26, August 2, 9	\$500 paid in full <u>OR</u> Covered by Medical Assistance

The *LTC* offers additional services beyond summer group programs. We offer individual speech, language, reading, music, and occupational therapy, conduct full evaluations, and provide tutoring services. Please check programs below that you would like information about for your child.

- Speech-Language Therapy/Evaluation
- Occupational Therapy/Evaluation
- Academic Tutoring
- Reading Readiness
- Music Lessons
- Baby Sign (Baby/Toddler Signing Classes)
- Reading Tutoring (Phono-Graphix, Orton-Gillingham, Wilson Reading)

Please note the following procedures and policies:

- 1) Application procedures may vary by program (i.e., when grouping by skills/age).
- 2) Applications will be reviewed and you will be notified of acceptance or the need for additional information and/or a screening.
- 3) Registration forms will be considered on a first come/first serve policy.
- 4) Group programs require consistent participation of all members. We ask that you adhere to this and make group attendance a priority for your child.
- 5) **LTC** reserves the right to cancel any program if there is insufficient enrollment.
- 6) **LTC** cannot store or administer any medications.
- 7) A ***Permission to Assist with Toileting*** form must be signed if this pertains to your child.

PICK UP AND DROP OFF

The programs will be held at 1818 Pot Spring Rd, Suite 100, Lutherville. Suite 100 is located on ground level from the street, closest to the traffic light. Please be prepared to drop your child(ren) off on time and to pick up them up promptly at the end of the session. Therapists at the **LTC** have busy schedules and cannot be in the waiting area supervising children who have not been picked up on time. Please indicate who is authorized to pick your child up.

The following ADULTS are authorized to pick up from the Learning and Therapy Corner.

***Please complete with contact persons to be reach in case of an emergency during the program.**

Name	Phone Number *	Alternate Phone Number*
1)		
2)		

RELEASES-Please read carefully and initial where required

EMERGENCY MEDICAL RELEASE (please initial one of the following)

____ In the event of any injury or serious illness, I give permission for the Learning and Therapy Corner staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility that decision will be made by the emergency teams responding to the call.

OR

____ In the event of an injury or serious illness, I do not give permission for the Learning and Therapy Corner staff to obtain medical treatment for my child. Instead, I instruct the Learning and Therapy Corner staff to:

LIABILITY RELEASE

____ By signing below I agree that the Learning and Therapy Corner assumes no liability for injury or damages arising from the result of participation in the activities unless due to willful fault or gross negligence on the part of the Learning and Therapy Corner.

PARTICIPATION AUTHORIZATION
(Must be completed to register)

I hereby approve my child, _____, to participate in the LTC Launch Into Language Summer program. My signature confirms that the information provided is accurate, that the guidelines and procedures of the program will be adhered to and that it is my responsibility to keep the information provided current.

Signature of Parent/Guardian

Date

**Please return these completed forms to the
*Learning and Therapy Corner, attention Lindsay Marzoli or Annette Dow.***