

LEARNING AND THERAPY CORNER

BUILDING STRONG FOUNDATIONS AND BRIGHT FUTURES

SOCIAL SKILLS SUMMER PROGRAM REGISTRATION FORM

Child's Name: _____ Birthdate/Age: _____

Parent/Guardian: _____

Address: _____ City/State/Zip: _____

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

Emergency Name/Phone Number: _____

Physical/Dietary Restrictions: _____

Allergies: _____

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

Email Address: _____

SESSIONS AND HOURS (circle or highlight age group selection)

Session	Dates/Times	Cost
Social skills group (4-6 years old)	Wednesdays on July 5, 12, 19, 26, August 2, 9 from 4:00-5:00 pm	\$500 (paid in full) or covered by Medical Assistance
Social skills group (7-9 years old)	Wednesdays on July 5, 12, 19, 26, August 2, 9 from 5:00-6:00 pm	\$500 (paid in full) or covered by Medical Assistance

ADDITIONAL PROGRAMS

Additional SESSIONS may be added based on need. Please indicate the SESSION that you would like to see added to the schedule. Please indicate type of program, days, times, and age range.

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) **FULL payment is required to reserve a spot. Payment in the amount of \$500 can be provided via check made payable to *The Learning***

and Therapy Corner. Payment may also be made via PayPal with a 4% additional processing fee. Payment can be submitted with this registration form. If your child does not qualify for enrollment in the program, payment amount will be returned in full. If a space is held for your child and he/she does not attend, payment will **not** be returned because that space could have gone to another child.

- 5) Refunds will be made at the discretion of the **LTC**; however **will not** be made for illness, vacations, etc.
- 6) Your non-refundable program fee and this form are a commitment for the full program for which your child is accepted. Group programs require consistent participation of all members.
- 7) **LTC** reserves the right to cancel any program if there is insufficient enrollment.
- 8) **LTC** cannot store or administer any medications.
- 9) 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 ground level on the Ridgely Rd side of the building. 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.

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

****MUST BE PHONE NUMBERS TO BE REACHED AT DURING LTC PROGRAM!!***

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 Social Skills programs. My signature confirms that the information provided is accurate, that the guidelines and procedures of the programs will be adhered to and that it is my responsibility to keep the information provided current.

Signature of Parent/Guardian

Date

**PLEASE RETURN THIS REGISTRATION FORM TO
LINDSAY MARZOLI OR BECKY GAGLIARDI**