

# LEARNING AND THERAPY CORNER

BUILDING STRONG FOUNDATIONS AND BRIGHT FUTURES

## SUMMER PROGRAM REGISTRATION FORM Pre-K Sensorimotor Handwriting OT Group

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Numbers: (H): \_\_\_\_\_ (C): \_\_\_\_\_

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	Circle Choice & Cost
Pre-K Sensorimotor Handwriting Group (Wednesdays)	July 5, 12, 19, 26, and August 2, 9 (Make-up August 16) 11:00am-12:00pm	\$385
*** Please add \$50.00 to total if requesting to keep HWT materials from session		\$435

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) **FULL payment is required to reserve a spot. Payment in the amount of either \$385 or \$435 (depending on selection) can be provided via check made payable to *The Learning and Therapy Corner*.** 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 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.**

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**\*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:

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***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 OT HWT 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 and full payment to the  
*Learning and Therapy Corner, attention Lindsay Marzoli.***