

# LEARNING AND THERAPY CORNER

BUILDING STRONG FOUNDATIONS AND BRIGHT FUTURES

## SUMMER PROGRAM REGISTRATION FORM

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

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

Address: \_\_\_\_\_

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

Emergency Name/Phone Number: \_\_\_\_\_

Physical/Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current School (if any): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Who is authorized to pick your child up: \_\_\_\_\_

### SESSIONS AND HOURS

#### Social Skills Programs

Session	Dates/Times/Cost	Indicate Choice & Cost
School readiness Group (Mondays and Wednesdays)	July 5 <sup>th</sup> -August 4 <sup>th</sup> / 9:00-11:00 / \$600	
Social Skills group (Tuesday)	July 5 <sup>th</sup> -August 2 <sup>nd</sup> / 5:00-6:00 / \$300	
Make-up sessions	Week of August 8 <sup>th</sup> at regularly scheduled time	

### 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.

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

The *LTC* offers additional services beyond the social skills 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.

- |                                                                                             |                                                                   |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Speech-Language Therapy/Evaluation                                 | <input type="checkbox"/> Occupational Therapy/Evaluation          |
| <input type="checkbox"/> Academic Tutoring                                                  | <input type="checkbox"/> Reading Readiness                        |
| <input type="checkbox"/> Music Lessons                                                      | <input type="checkbox"/> Baby Sign (Baby/Toddler Signing Classes) |
| <input type="checkbox"/> 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) A **non-refundable deposit of \$100.00** is due with registration form to reserve a space for your child. If your child does not qualify for enrollment in a program, deposit will be returned. If a space is held for your child and he/she does not attend, the deposit will not be returned because that space could have gone to another child.
- 5) Remaining balance must be paid prior to the first session or as outlined in attached letter.
- 6) Refunds will be made at the discretion of the **LTC**; however will not be made for illness, vacations, etc. Make-up sessions will be provided as scheduled.
- 7) Your non-refundable registration 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.
- 8) **LTC** reserves the right to cancel any program if there is insufficient enrollment.
- 9) Make-up sessions will only be conducted on the pre-determined dates for each session.
- 10) **LTC** can not store or administer any medications.
- 11) Permission to assist with toileting 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 30, Lutherville. Suite 30 is through the front doors, down the stairs, and to the right. We are located in the lower level. 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 can not 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 even 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 even 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