

# LEARNING AND THERAPY CORNER

## 2009 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: \_\_\_\_\_

### SESSIONS AND HOURS

#### Learning Enrichment Programs

Session	Dates/Time/Cost	Indicate Choice & Cost
SESSION I (Preschool Pals)*	June 15-18 / 9:30-11:30 / \$325	
SESSION II (Kindergarten Kick Off)**	June 22-25 / 9:30-12:00 / \$380	
SESSION II (Fired Up For First)***	June 22-25 / 2:00-4:30 / \$380	
SESSION III (Kindergarten Kick Off)**	August 17-20 / 2:00-4:30 / \$380	
SESSION III (Fired Up For First)***	August 17-20 / 9:30-12:00 / \$380	

\*Preschool Pals-3-4 years of age

\*\*Kindergarten kick Off-must be entering kindergarten

\*\*\*Fired Up for First-must be entering pre-first or first grade

#### Speech-Language (Apraxia) Programs

Session	Dates/Times/Cost	Indicate Choice & Cost
SESSION I (Talk-A-Lot Camp)	July 10-31(Fridays) / 10:00-11:00 / \$200	
SESSION II (Talk-A-Lot Camp)	July 6-27(Mondays) / 4:00-5:00 / \$200	

#### Social Skills Programs

Session	Dates/Times/Cost	Indicate Choice & Cost
SESSION I (Autism Social Skills Camp)	July 10-31(Fridays) / 11:30-12:30 / \$200	
SESSION II (Autism Social Skills Camp)	July 10-31(Fridays) / 2:30-3:30 / \$200	

#### Occupational Therapy Programs

Session	Dates/Times/Cost	Indicate Choice & Cost
SESSION I (Pencil Pals)	June 23-July 16 (Tues & Thurs) 4:40-5:30 / \$380	

## ADDITIONAL PROGRAMS

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

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The *LTC* offers additional services beyond the 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 more information about for your child.

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|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Speech-Language Therapy/Evaluation</li> <li><input type="checkbox"/> Academic Tutoring (math, SAT, etc.)</li> <li><input type="checkbox"/> Music Lessons (various instruments)</li> <li><input type="checkbox"/> Reading Tutoring (Phono-Graphix, Orton-Gillingham, Wilson Reading)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Occupational Therapy/Evaluation</li> <li><input type="checkbox"/> Reading Readiness</li> <li><input type="checkbox"/> Wee Hands (Baby Signing Classes)</li> </ul> |
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***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.
- 5) Remaining balance must be paid on or before **June 1, 2009.**
- 6) Refunds will be made at the discretion of the LTC; however will not be made for illness, vacations, etc.
- 7) Your non-refundable registration fee and this form are a commitment for the full program for which your child is accepted.
- 8) *LTC* reserves the right to cancel any program if there is insufficient enrollment.
- 9) No make-up sessions will be granted unless cancellation was made by *LTC*.
- 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 26, Lutherville. Suite 26 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 ON 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 team 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 LTC Summer programs. My signature confirms that the information provided is accurate, that I have read the registration form in it's entirety, 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