

Integrated Children's Therapy

HELPING KIDS BE KIDS

Pediatric Speech-Language and Occupational Therapy

Intensive Winter Program Stimulating Language, Play & Socialization

Come join our Engines as Play and Tiny Tots groups as we embark on a fun-filled wintertime adventure focused on enhancing language development, play and socialization.

Groups maintain a small adult-to-child ratio and will be led by our skilled speech-language and occupational therapists. We address sensory-motor, attention, regulation and language skills with a special emphasis on interaction, play and developing friendships. After all, it is through the context of relationships we all learn and grow!

The Winter Program will be offered for children ages 2-7 years old who have language and/or sensory-motor delays.

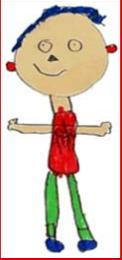
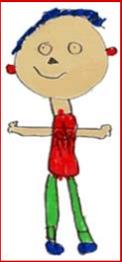
Sessions 1: December 19-23, 2016

Session 2: December 26-30, 2016

Session 3: January 2-6, 2016

Hours: 9:00-2:00/ Intensive Program Fee: \$550.00

9:00-12:00/ Half Day Intensive Program Fee: \$350.00





Integrated Children's Therapy, LLC



2016-2017 Intensive Winter Programs REGISTRATION FORM

(Please Print)

Today's date:

PATIENT INFORMATION

Child's name:

Birth date: / /

Parent's Name:

Street address:

Apt Number:

City, State, ZIP Code

Email Address:

Home/ Cell phone no.:

()

Work phone no:

()

Child's School:

Does your child receive:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Other _____

Does your child have any Allergies? Yes No

If yes, please list:

Please describe the goals you would like to see addressed during ICT camp:

PLEASE INDICATE WHICH SESSION(S) YOU ARE REGISTERING YOUR CHILD FOR:

Session 1: December 19-23, 2016

Session 2: December 26-30, 2016

Session 3: January 2-6, 2017

Program Hours:

Program Fee Half Day:

Extended Program Hours:

Program Fee Full Day:

9 am – 12 noon

\$350.00 per session

9 am – 2 pm

\$550.00 per session

Space is limited and only guaranteed with a non-refundable 50% payment per session.
Payment is due in full December 2, 2016.

IN CASE OF EMERGENCY

Emergency Contact (other than parent listed on registration):

Relationship to child:

Cell phone no.: ()

Other: ()

Parent's Signature

Date