

**CHILD INFORMATION**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>AGE</b>	<b>GRADE</b>	<b>DOB</b>
<b>MEDICAL CONCERNS?*</b>	<b>FOOD ALLERGIES?*</b>		<b>POTTY TRAINED?</b>	
<input type="checkbox"/> Yes, see below to add details.	<input type="checkbox"/> Yes. Please list:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PARENT(S)/LEGAL GUARDIAN INFORMATION**

#	FIRST NAME	LAST NAME	RELATIONSHIP	HOME TEL	CELL	EMAIL
1 <sup>st</sup>						
2 <sup>nd</sup>						
<b>HOME ADDRESS</b>			<b>APARTMENT / FLOOR</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**EMERGENCY / ALTERNATIVE CONTACT / PHYSICIAN INFORMATION – In case of emergency & we can't reach you**

FIRST NAME	LAST NAME	RELATIONSHIP TO CHILD	CELL PHONE	DOCTORS NAME	TELEPHONE

**WEEKLY WORKSHOP REGISTRATION – Check all weeks your child will attend. 9am- 11am Fully Coded for Medical Reimbursement.**

WEEK	SESSION DATES	SESSION THEME	TUITION BASE: \$230/Day	EXTENDED DAY \$75 per hour / day	DISCOUNTS Sibling   Multi-Week	WEEKLY TUITION TOTAL
<input type="checkbox"/> 1	Jul 17 – 21	<i>Our Beautiful Neighborhood</i>	<input type="checkbox"/> \$1,150/ Week	<input type="checkbox"/> \$75	<input type="checkbox"/> \$25	\$
<input type="checkbox"/> 2	Jul 24 – 28	<i>Little Foodies</i>	<input type="checkbox"/> \$1,150/Week	<input type="checkbox"/> \$75	<input type="checkbox"/> \$25	\$
<input type="checkbox"/> 3	Jul 31– Aug 4	<i>The Big City</i>	<input type="checkbox"/> \$1,150/Week	<input type="checkbox"/> \$75	<input type="checkbox"/> \$25	\$
<input type="checkbox"/> 4	Aug 7 - 11	<i>Our World and Beyond</i>	<input type="checkbox"/> \$1,150/Week	<input type="checkbox"/> \$75	<input type="checkbox"/> \$25	\$
<b>TOTAL NUMBER OF WEEKS REGISTERING</b>				<b>SUMMER TUITION TOTAL:</b>		<b>\$</b>

*Summer session hours are 9am – 11am (Medically Coded for Reimbursement) with Alessia Vitale MS CCC SLP and Gianna Cioffi MS ED*

*Extended Day - Sensory Art with Gianna 11am- 12pm ( Not Medically Coded for Reimbursement)*

*\$25 discount will be given to additional registered siblings or a \$25 discount will be applied when registering for multiple weeks.*

Tuition and extended care fees must be paid in full for all registered sessions by the Friday prior to your start date by check, credit card, or cash.

**ABOUT YOUR CHILD**

<b>How does your child communicate?</b>	<b>How many words is your child using?</b>	<b>Is articulation or speech intelligibility impaired?</b>
<b>Does your child follow directions/instructions without assistance? If not, with assistance?</b>	<b>Does your child communicate in gestures, single words, short sentences or long sentences?</b>	
<b>Does your child have any diagnosis that would affect their speech and language development?</b>	<b>Does your child use language for social functions?</b>	
<b>Does your child communicate well with peers? If not, with assistance?</b>	<b>Does your child attend school? If so, what school?</b>	<b>Does your child receive support services? If so, what support services?</b>
<b>Please attach any current school, doctor or therapist reports with your registration.</b>		<input type="checkbox"/> Document(s) Received Date:

**MEDICAL**

<b>*DESCRIBE MEDICAL CONCERNS AND/OR FOOD ALLERGIES BELOW.</b>	
<b>*DOES YOUR CHILD NEED AN EPI-PEN / INHALER OR OTHER MEDICATION DUE TO A MEDICAL CONDITION OR ALLERGY?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, indicate/describe:
<b>Copies of current medical forms and childhood vaccinations must be received by July 1, 2023 before child can participate in weekly sessions.</b>	<input type="checkbox"/> Medical Forms Received on (date): _____ <input type="checkbox"/> Vaccinations Copy Received (date): _____