

Helping Hands Group Registration Form

Participant's Name: _____ Age: _____ Birthdate: _____

Address: _____

Phone Number: _____ Parent's Name: _____

Cell Number: _____ E-mail address: _____

Emergency Contact Numbers: _____

Physician's Name: _____ Phone Number: _____

Medical Conditions: ___Allergies___Asthma___Orthotics___Seizures___Hearing aids

Allergies: (please list) _____

Medical Diagnosis: _____

Medications: _____

If your child has Down syndrome have x-rays of the C-1 and C-2 been taken and examined? _____

Is your child clear of Atlantoaxial Instability? _____

Is your child toilet trained? _____

Does your child have any special needs with eating? (overstuffing, choking, gagging, etc.) Please describe.

Does your child have a special diet (for example gluten-casein)?

How does your child communicate? _____

Does your child use any assistive technology (pictures, voice output devices)?

Do you have concerns regarding your child's communication?

Has your child been in a group setting before, what experiences has he/she had?

Does your child do well with transitions? What strategies are used?

What are your main concerns regarding your child's development?

What would you like your child to get from group services?

Is there anything you would like to learn more about?

How did you hear about us? _____

Registrations are due by Friday May 20th along with your registration fee (\$50.00) and half of the tuition if you are electing to pay privately (\$160.00). The balance for your tuition is due on the first day of the group.

If you choose to have the group billed to your insurance, verification of benefits must be completed prior to starting the group. Please send in a copy of your insurance card and complete the Patient Information form found on our website. Please note that if you elect to use your insurance, you will utilize any ST, OT, and/or PT dollars or visits you have for the calendar year, thus reducing your individual benefits.

Fees: \$50.00 registration fee per child; Cost of the group for an 8 week session is \$400.00. Payment is due in full on the first day of group

Please note there will be no groups the week of July 4th. Groups will run from June 13th through the August 8th.

There will not be any make-up sessions or refunds for missed sessions.

If you have any questions please do not hesitate to call our office @ 815-462-4928.

Parent Signature: _____ Date: _____