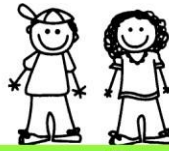


Please attach a recent photo of your child here.



CREATIVE SPEECH SOLUTIONS, LLC
Pediatric Therapy Center

Montclair Summer Groups Registration
Chat and Play and Social Solutions
July 9—August 15, 2019

Date of Registration _____

Child's Name _____ Gender: M ___ F ___

Child's Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Parents' Names: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Person to contact in an emergency if parent cannot be reached:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

People other than parent authorized to pick child up from Montclair Summer

Groups: Name _____ Relationship _____

Name _____ Relationship _____

Medical Contact Information: Pediatrician _____ Phone number _____

Other Doctor _____ Phone number _____

Formal diagnosis, if any: _____

Health Comments and History (allergies, asthma, medications, limitations, dietary restrictions, etc.):

MONTCLAIR SUMMER GROUPS 2019 PAYMENT INFORMATION

- Participants may require a free comprehensive screening to determine group placement.
- Montclair Summer Group deposit is due at time of enrollment. Child screenings/report review will not be conducted until deposit has been received. (If an appropriate group is not available at day or time you choose, we will refund your deposit.)
- Due to fixed cost and expenditures based on definite enrollment and dates, Montclair Summer Group deposits and balance payments are non-refundable and non-transferable to other programs/therapy sessions at CSS.
- It is the parents' responsibility to know their insurance benefit parameters. Necessary pre-certifications must be completed by the family. We cannot guarantee or wait for insurance coverage.
- Please be advised that groups will be established by age and ability.
- Payment is due in full for all group sessions. There will be no reimbursement for missed sessions for any reason.

Please see group information on reverse.

I HAVE READ, UNDERSTOOD AND I AGREE TO ALL THE TERMS OF ENROLLMENT ABOVE:

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Montclair Summer Groups 2019

July 9—August 15

Please check the Montclair summer group(s) you would like to register your child for. We work diligently to place children in the most appropriate group.

<input type="checkbox"/> Chat & Play (ages 3-12) \$522.00 (\$87 per hour-long group x 6 sessions)	<input type="checkbox"/> Social Solutions (ages 13-21) \$522.00 (\$87 per hour-long group x 6 sessions)	<input type="checkbox"/> Get Ready for Work (Ages 16-21) \$522.00 (\$87 per hour-long group x 6 sessions)
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Please fill out your availability to the fullest extent. The more flexible you can be the more likely we will be able to fit your child in a group. The groups meet the same day and time each week and run for 6 weeks. Each group meets for 1 hour per week at the specified session price per hour for 6 sessions.

	Preference (1st, 2nd, 3rd, etc)
Monday: _____	_____
Tuesday: _____	_____
Wednesday: _____	_____
Thursday: _____	_____

Deposit of \$150.00 is required for registration:

Montclair Summer Group deposit (due at time of registration)

Check for deposit payable to Creative Speech Solutions, LLC, enclosed in the amount of _____
 Please charge the deposit to my credit card Visa _____ MasterCard ____
 Credit Card Number _____ Exp. Date _____
 Security Code (CVV) _____ Amount _____ Signature _____

FULL PAYMENT is expected by 6/28/19



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

MONTCLAIR SUMMER GROUP QUESTIONNAIRE Chat and Play and Social Solutions

Date _____
Name of child _____ Nickname/Name child goes by _____
Date of Birth _____ Age _____
Name of person completing form _____
Relationship to child _____

Your comments will help us to best meet your child's therapeutic needs. Please use information you know about your child as well as goals/objectives from his/her IEP (if applicable). The more specific you can be the better so that we can address the areas that your child needs most.

Please describe your child's school setting (e.g., mainstream classroom, integrated preschool, self-contained classroom, ABA program). If your child has a shadow/aide at school, please indicate: _____

Does your child receive therapy services in or out of school (e.g., speech, occupational or physical therapy; tutoring/resource services)? If yes, please describe, including areas addressed (e.g., balance, coordination, expressive language, articulation, reading) _____

Please specifically describe your child's speech and expressive language ability (e.g., conversational, one-word answers, 3-word phrases, hard to understand etc.) _____

Please specifically describe your child's receptive language ability (e.g., can follow multi-step directions, has difficulty understanding linguistic concepts, gets easily distracted.) _____

Please describe any language/social challenges at home/school/in the community: _____

Please indicate your child's interests and favorite activities: _____

What do you feel are the most important skills for this child to work on during group? _____

Is there anything else you feel we should know about your child? _____



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

PHOTO/VIDEO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by Creative Speech Solutions, LLC to reproduce and use said photographs and recordings of my child's voice.

I hereby release Creative Speech Solutions, LLC, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

If the child is under 18, I _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: _____