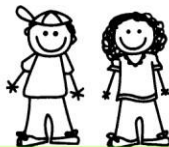


Please attach a recent photo of your child here.



## CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

### Montclair Summer Groups Registration

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, 2019

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 "GET READY FOR WORK"  
QUESTIONNAIRE**

Date\_\_\_\_\_

Name of child\_\_\_\_\_ Nickname/Name child goes by \_\_\_\_\_

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_

Name of person completing form\_\_\_\_\_ Relationship:\_\_\_\_\_

Your comments will help us to best meet the therapeutic needs of your child. 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 are needed most.

Is your child currently working?                      Yes                      No

If yes, please indicate where and what his/her responsibilities include.

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If yes, also indicate if they are looking to change jobs or improve their skills in his/her current position and provide details.

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What do you feel are the most important work skills for your child to learn during group (e.g., interview skills, resume/email writing, social etiquette)?

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Please describe any work-related experience your child has had (e.g., shadowing opportunities through school/part-time jobs), if applicable.

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Please indicate the type of work your child is interested in.

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Please describe your child's school/educational setting (past or present). If he/she has a shadow/aide at school, please indicate:

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Does your child receive therapy services (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).

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Please indicate the level of your child's reading and writing skills.  
(Submit a writing sample if possible)

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Please describe your child's speech and expressive language abilities in detail (e.g., conversational, one-word answers, 3 word phrases, hard to understand).

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

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Does your child have any gross-motor or fine-motor deficits that would influence their ability to perform particular tasks at work (e.g., typing, writing, lifting, bagging, stacking shelves, filing)? (Please explain)

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Please describe any language/social challenges at home/school/work/community.

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Please indicate your child's interests, strengths, and favorite activities.

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

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