

Please attach a recent photo of your child here.



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

Montclair Summer Groups Registration

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 GROUP PAYMENT INFORMATION

- Participants may require a free comprehensive screening to determine group placement.
- 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.

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

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: _____



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**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.

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

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)?

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

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

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

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).

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

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

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).

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)

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

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

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



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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: _____