



**Fresh Start Preschool Group - September 2017**

**Child's Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Contact info. (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(e-mail) \_\_\_\_\_

**Emergency Contact information**

Name / Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Please list allergies, food allergies, medical conditions, or special considerations.**

**Details:**

**For children ages 4-5**  
**\$150 per session (120 minutes per session)**  
Tuesdays and Thursdays from 9:00-11:00  
10 weeks: September 12 – November 16

**Tuition / Deposit:**

- The first payment is the Tuition Deposit and is equal to the amount of 5 weeks payment (\$1200). The Tuition Deposit applies to the last 5 weeks of the group and is non-refundable. It is used to hold your child's place in the group.
- The final payment is due on the first day of group and will be for the first 5 weeks of the group (\$1200).
- Additional services are available for school site visits at a rate of \$150 per hour.
- These services may be reimbursable by your insurance company. If you plan to pursue medical reimbursement please provide your child's diagnosis and diagnosis codes: \_\_\_\_\_
- Each child is permitted to miss 2 sessions due to illness or other scheduled conflicts and will be credited one half the fee (\$75) per session missed. Subsequent absences are non-refundable.

By registering my child I agree to the payment schedule as listed above. I give permission for my child to receive occupational therapy treatment from Sensory Solutions, LLC.

In the event of the need for emergency medical attention, I give consent for 911 personnel to provide essential care.

I understand that my child may be photographed or videotaped for therapeutic purposes while participating in this group.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_