



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 (\$1500). 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 (\$1500).
- 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: _____