

STEPPING STONES THERAPY CENTER SUMMER PROGRAM REGISTRATION

Child's Name:

Age:

Parent's Names:

Phone #: H
C

Home Address:

Email Address:

- List any allergies your child may have:
- Diagnosis:
- Is your child independent with his bathroom needs? Y N If no, please describe what help he may need.
- Does your child walk independently? Y N If no, what assistive devices does he use to ambulate?
- Is your child verbal? Y N If no, please specify how your child communicates.
- Does your child take medication? Y N If yes, please specify.
- List any behavior issues and techniques that may be helpful:
- List any medical precautions your child may have:
- Is your child on a special diet? Y N If yes, please specify.
- Does your child receive special education services or outside therapy? Y N
If yes, please specify:
- List your child's interests:
- What goals would you like your child to achieve by participating in Stepping Stones?
- How did you hear about our program?
- Please add any other information or a copy of your child's IEP goals to help us get to know your child. (use the back if you would like)

Stepping Stones 2008 Summer Registration Cont.

Summer sessions run from 9:00-3:00 Monday through Friday beginning June 23rd through August 29th. We will be closed Friday July 4th. Half day sessions run from 9-12 (AM) or 12:30-3:30 (PM) or full day from 9:00 to 3:00. Two hour sessions run from 10-12 (AM) or 1-3 (PM). Evening sessions are Tuesday and Thursday from 5:30 -7:30. Please check off the days and dates you are signing your child up for and specify time (AM, PM, 2 hour, 3 hour, or full day).

Date:	Monday	Tuesday	Wednesday	Thursday	Friday
(1) 6/23 - 6/27					
(2) 6/30-7/3					
(3) 7/7-7/11					
(4) 7/14-7/18					
(5) 7/21-7/25					
(6) 7/28-8/1					
(7) 8/4-8/8					
(8) 8/11-8/15					
(9) 8/18-8/22					
(10) 8/25-8/29					

Please place an X in the activities that you would prefer your child to participate in:

Arts and crafts	School readiness skills	Music and movement
Cooking	Stress management	Karate
Handwriting/typing	Exploring new foods	Bike riding
Language development	Gardening/Nature	Gymnastics
Social Skills/drama	Dance/Music	Creative writing
Sports	Yoga	Sign Language
Vocational Training	Sensory Integration	Woodworking

One hour group and private therapy is available. Times and dates will be scheduled depending on interest and individual child's goals. We welcome suggestions and will create a unique group to fit the individual child's therapy needs whenever possible.

Stepping Stones 2008 Summer Registration

One hour therapy sessions available, depending on interest:

- ◆ Handwriting/typing
- ◆ Social play groups for 2 and 3 year olds
- ◆ Social Skills, Drama, and Friendship Groups
- ◆ Karate
- ◆ Yoga
- ◆ Study Skills/Tutoring
- ◆ School Readiness Skills
- ◆ Music Therapy
- ◆ Speech and Language including articulation, social pragmatics, sign language, picture communication, and individualized language needs.
- ◆ Cooking Class for picky eaters
- ◆ Vocational Training
- ◆ Sports and Fitness

Cost per session: \$35.00 for one hour for therapy (group)

\$70.00 for one hour of private therapy (Individual)

\$60.00 for a two hour group therapy session (10-12, 1-3 or 5:30-7:30)

\$75.00 for a three hour group therapy session (9-12 or 12:30-3:30)

\$125.00 for a six hour day (9-3) or \$500.00 for a week M-F)

Please send registration form along with a registration fee of \$30.00. A non refundable deposit of \$50.00 is required to hold your child's place if you are signing up for a two or three hour session and a non refundable deposit of \$125.00 is required if your child is attending a full day. Full payment of each session is due one week in advance of each session. Some insurance companies will reimburse for therapy through your *out of network coverage*. Please call your insurance company to see if your insurance covers occupational or speech therapy. We will assist in that process whenever possible. Please make check payable to Stepping Stones Therapy Center and mail it along with the application to:

Stepping Stones Therapy Center
34 Rogers Road
Bradford, MA 01835

Please email Lynda Gallagher at lynda@sstcinc.net or call 978-373-7722 if you have any specific questions or concerns. Tours of our facility are welcomed by appointment. We are looking forward to a fun, productive summer!

Lynda Gallagher,
Director