



Registration

Child's Name: _____ Age: _____ D.O.B.: _____

Parent's Names: _____ Phone#: Home: _____

Home Address: _____ Cell: _____

Email Address: _____

Child's diagnosis, if any: _____

- What program(s) are you interested in?
- List any allergies your child may have:
- Is your child independent with his bathroom needs? Y N If no, please describe what help he may need.
- 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.
- List your child's interests:
- How did you hear about us?
- What goals would you like your child to achieve by participating in Stepping Stones?
- 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)



For Social Skills Groups: check the areas that you think your child would benefit from?

Initiating play with a child	Initiating conversation	Maintaining eye contact
Taking turns	Maintaining a topic/ sharing topics	Reading non verbal cues
Winning and loosing	Understanding other people's perspective	Understanding and expressing emotions
Being first	Flexible thinking	Anger management
Body regulation (sensory issues)	Problem solving	Other

Most group sessions run for 6 weeks.

Program Costs:

\$30.00 for karate and picky eating group

\$40.00 for social skills and speech or occupational therapy group therapy

\$75.00 for individual therapy

Some insurance companies will reimburse up to 80% for therapy through *out of net work coverage*. We will be happy to assist you in this process. Call your insurance company to see if you have the coverage.

Feel free to email Lynda Gallagher at lynda@sstcinc.net or call 978-373-7722 if you have any questions or concerns.

We are looking forward to a fun, productive fall and winter!

Lynda Gallagher

Picture Release

I give Stepping Stones Therapy Center permission to photograph my son/daughter, _____, for promotional purposes and understand that these photographs may appear only on Stepping Stones website, brochure, and informational fliers or posters.

Thank you

Name

Medical Release

I, _____ parent/guardian of _____, hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician.

Signature of Parent/Guardian

Date: _____