



2023 Summer Therapy Package Registration Form

Child's Name: _____ Date of Birth: _____

Child's Pediatrician: _____

School: _____ Grade: _____

Name of School/FS Therapist: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

Please check which group you are interested in your child attending:

- Occupational Therapy
- Physical Therapy
- Speech Therapy

Does your child have an IEP, IFSP, or Therapy Treatment Plan? If so, please attach it to this registration.

If no, please tell us about your concerns you would like addressed (please use the back of this form if necessary):

How did you hear about the Summer Therapy Package?
