

# 2015 ENROLLMENT FORM

Date: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M or F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Phones: Dad's work: ( ) \_\_\_\_\_ Mom's work: ( ) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Diagnosis/Medical problems/allergies: \_\_\_\_\_

Any medication? \_\_\_\_\_

Any other concerns about your child? \_\_\_\_\_

Emergency consent: Should your child be injured or become ill, CTG will attempt to locate a parent. If the parent cannot be located, you agree that CTG may use its own judgment in deciding whether to seek emergency medical treatment for your child at the nearest hospital emergency room and that CTG will not be held liable for any emergency treatment sought, rendered, or refused, or for any consequence of such treatment or refusal to treat.

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

I would like to enroll my child in the following: *(For more than one child, please use separate enrollment forms).*

<u>Summer 2015 Program</u>	<u>Cost</u>	<u>Amount Enclosed</u>
_____ Sensory Explorers	\$260.00	_____
_____ Fine Motor Enhancement Group M/W	\$225.00	_____
_____ Fine Motor Enhancement Group T/TH	\$225.00	_____
_____ ABC's & 123's Handwriting Group	\$225.00	_____
_____ Friendship & Fun I (4 - 5 year olds - preschool)	\$260.00	_____
_____ Friendship & Fun II (5 - 7 year olds - kindergarten/1 <sup>st</sup> grade)	\$260.00	_____
_____ Friendship & Fun III (7 - 9 year olds - 2 <sup>nd</sup> - 4 <sup>th</sup> grade)	\$260.00	_____
_____ Picky Eaters Club Group I, Session I - 4 week session	\$250.00	_____
_____ Picky Eaters Club Group I, Session II - 4 week session	\$250.00	_____
_____ Picky Eaters Club Group II, Session I - 4 week session	\$250.00	_____
_____ Picky Eaters Club Group II, Session II - 4 week session	\$250.00	_____
_____ Individual therapy services by appointment	Call to schedule	_____

Please make checks payable to Children's Therapy Group and mail to:  
 7620 Metcalf Avenue, Suite M  
 Overland Park, KS 66204  
 Phone - 913-383-9014  
 Fax - 913-383-9015

Email - [ctg@childrenstherapygroup.org](mailto:ctg@childrenstherapygroup.org)  
[www.childrenstherapygroup.org](http://www.childrenstherapygroup.org)

