
2017 REGISTRATION 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 2017 Program</u>	<u>Cost</u>	<u>Amount Enclosed</u>
_____ Sensory Explorers 1	\$300.00	_____
_____ Sensory Explorers 2	\$300.00	_____
_____ Fine Motor Enhancement Group	\$250.00	_____
_____ ABC's & 123's Handwriting Group	\$250.00	_____
_____ Friendship & Fun 1 (4 - 5 year olds - preschool)	\$300.00	_____
_____ Friendship & Fun 2 (5 - 7 year olds - kindergarten/1 st grade)	\$300.00	_____
_____ Friendship & Fun 3 (7 - 10 year olds - 2 nd - 4 th grade)	\$300.00	_____
_____ Individual therapy services by appointment	Call to schedule	_____

Please make checks payable to:
Children's Therapy Group
7620 Metcalf Avenue, Suite M
Overland Park, KS 66204
Phone - 913-383-9014
Fax - 913-383-9015
Email - ctg@childrenstherapygroup.org
www.childrenstherapygroup.org



Please see previous page for important enrollment information.

