

Wee Play! Preschool Therapy Group – Fall 2021

A collaboration of Sensory Solutions and Communication Clubhouse

Child's Information

Name _____ Birth Date _____ Age _____

Parents' Names _____

Address _____

Contact info. (home) _____ (cell) _____

(e-mail) _____

Emergency Contact information

Name / Relationship _____ Phone # _____

Please list allergies, food allergies, medical conditions, or special considerations.

I am registering for:

_____ **Wee Play! Group - Fall Semester 2021**

Cost: \$4320 (24, Two-hour sessions)

Tuesday and Thursday, 9:00-10:45

September 21 – December 16th, 2021 * No group on November 23rd or 25th

Payment:

- The first payment of \$2160 is due at the time of registration and will confirm your child's enrollment in the program
- The second payment of \$2160 is due October 15th, 2021
- Registration and payment will be made through Sensory Solutions and a superbill will be provided.

Insurance Information:

This group may be reimbursable by your insurance as a therapy group for both speech therapy (1 hour) and occupational therapy (1 hour). We will be using the following CPT codes:

ST CPT **92508**

OT CPT **97150 x4**

Please provide us with your child's diagnosis and diagnosis codes: _____

Cancellations:

We are unable to refund missed sessions due to the staffing requirements of this group.

Please initial the following statements:

____ By registering my child, I agree to the payment schedule as listed above and I give permission for my child to receive occupational therapy and speech therapy treatment from Sensory Solutions, LLC and Debby Hoffman/Communication Clubhouse.

____ In the event of the need for emergency medical attention, I give consent for 911 personnel to provide essential care.

____ I understand that my child may be photographed or videotaped for therapeutic purposes while participating in this group.

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____

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