

The Pediatric Therapy Department of the Community Sports and Therapy Center
presents:

PEDIATRICS PLUS

Summer Skill Enhancement Program



Summer programming for
children having motor difficulties, speech difficulties,
or children diagnosed on the Autism Spectrum.

Do you have a 3 year old through second grade child who could lose skills that he or she has gained during the school year?

If so, we have a program for your child. Mercer Health and the Community Sports and Therapy Center are offering a Summer Skill Enhancement Program to help kids maintain motor and speech/language skills they have achieved during the school year. The program will be offered at an affordable cost to families without having to deal with the hassle of insurance companies. Our pediatric therapists and assistants will facilitate two week intensive programs consisting of eight one hour sessions during the months of June, July and August at the YMCA, north of Celina. A doctor's referral is not necessary. We will accept students that have been identified through preschool/kindergarten screening, that currently are on an IEP, or if you as parents feel your child would benefit from skill enhancement. If you are interested in your child participating or have any questions please call our Celina Clinic at 419-586-2077. You can also download a registration form at www.cstcenter.com.

Sponsored by:



PEDIATRICS PLUS REGISTRATION FORM
Community Sports & Therapy Center

1107 N. Main Street, Celina, OH 45822
Phone: 419-586-2077 Fax: 419-584-1453

Name _____ Sex _____ DOB _____

Parents/Guardians Name _____

Address _____ City _____ State _____ Zip _____

Phone(____) _____ Alternate# (____) _____ Physician _____ Phone(____) _____

A theme-based sensorimotor program that incorporates seven sensory-integrated activities that will expose children to various movements to help enhance developmental skills. The sequence of activities consist of an introduction to the theme, vestibular movement, proprioceptive movement, balance activities, a recall of the theme, eye-hand coordination activities, and fine motor activities. The group is lead by our occupational therapy staff, physical therapy staff, and/or speech and language therapy staff.

Each Program includes eight one hour sessions held on the dates below.

Choice of Session(s) for my child, select multiple if interested:

— Monday June 14th through Thursday June 17th & Monday June 21st through Thursday June 24th.

— Monday July 12th through Thursday July 15th & Monday July 19th through Thursday July 22nd.

— Monday August 2nd through Thursday August 5th & Monday August 9th through Thursday August 12th.

(Final Schedule of sessions to be determined based on interest from this registration process)

What are your goals for your child from this program? _____

Does your child have a medical diagnosis? Yes No

Current and Past Medical History (Check all that apply.)

Heart disease

Back problems

Cancer

Low/High blood pressure

Neck problems

Seizures

Heart attacks

Mental health problems

Surgeries (List)

Diabetes

Skin diseases

Arthritis

Fractures

Contagious diseases

Other _____

Emphysema/asthma

Active TB

Other _____

If you checked any of the above, please explain or add any additional relevant information: _____

Please list all medications (prescription or over the counter) that your child is currently taking: _____

What allergies (latex, medications, food, etc.) does your child have? _____

If your child is identified by an IEP, what services does he or she receive? _____

Please return this registration form and payment of \$120.00 per program made out to the "Rehabilitative Services Inc" to the above address by June 4, 2010. Programs will be held at the YMCA, north of Celina, meet in the main lobby area around 1:15 pm. The Program will run from 1:30-2:30 pm, you will be contacted if there are any changes.

If you have any specific questions contact the Pediatric Therapists at 419-586-2077.

My child has my permission to participate in these special programs this summer:

Parent or Guardian Signature

Date signed