



Performance Pediatrics

Pediatric Occupational • Speech & Physical Therapy • ABA Services

Summer 2024 Class Registration Form

Lafayette Groups

- Mini Movers (ages 2-5)
- Middi Movers (ages 5-8)
- Mighty Movers (ages 8-12)
- Biker's Club (all ages)
- Writer's Workshop (Pre-K/K)
- Writer's Workshop (1st and 2nd)

Totowa Groups

- Mini Movers (ages 2-5)
- Middi Movers (ages 5-8)
- Mighty Movers (ages 8-12)
- Biker's Club (all ages)
- Writer's Workshop (Pre-K/K)
- Writer's Workshop (1st and 2nd)

Pricing

Let's Get Moving: \$30 per class or \$225 for 8-week package; Refer a friend and you BOTH can receive 10% off our 8-class bundle package

Biker's Club: \$25 per group session; Individual sessions available at an additional cost

Writer's Workshop: \$50 per session or \$350 for 8 week package; Sign up before June 24th and save \$20 on a bundle package; 10% off if you refer a friend



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Lafayette Schedule (Starting the week of July 8th)

Tuesday	Wednesday	Thursday
Writer's Workshop (Pre-K/K) 1:00-2:00 Mini Movers (2-5) 2:00-3:00 Middi Movers (5-8) 1:00-2:00 Writer's Workshop (1st-2nd) 2:00-3:00	Biker's Club (all ages) 4:00-5:00	Mighty Movers (8-12) 3:00-4:00

****DON'T FORGET! Summer camp runs from July 22nd-August 1st, 9:00 AM - 1:00 PM Monday - Thursday****

Totowa Schedule (Starting the week of July 8th)

Monday	Wednesday	Thursday	Friday
Middi Movers (5-8) 1:00-2:00 Mini Movers (2-5) 2:00-3:00	Biker's Club (all ages) 4:00-5:00	Writer's Workshop (Pre-K/K) 1:00-2:00 Writer's Workshop (1st-2nd) 2:00-3:00	Mighty Movers (8-12) 1:00-2:00

****DON'T FORGET! Summer camp runs from August 5th-August 15th, 9:00 AM - 1:00 PM Monday - Thursday****



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General Information

Child's Name: _____

Today's Date: _____

Date of Birth: _____ Age: _____

Contact Information

Name: _____ Relationship: _____

Telephone Number: _____

Address: _____

E-mail: _____

Medical Information

Please list any medical conditions your child has been diagnosed with: _____

Who made the diagnosis and when was it made? _____

Allergies (including food)? Y / N Type: _____

Medications: _____

Any medical precautions? _____

Comments: _____

Guardian Signature: _____



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Media Release Form

I, _____, the parent/ guardian of a child/ children at Performance Pediatrics, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed or videotaped at the clinic. These photographs may be used in promoting child therapy services, either in print or on the internet.

The child(ren) are known as:

With my signature below, I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Performance Pediatrics' Therapy Services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above use. I agree that this form will remain in effect for the duration of my child(ren)'s participation at Performance Pediatrics.

Accept: _____

Decline: _____

Parent/ Guardian Signature: _____

Printed Name: _____

Today's Date: _____

Thank you!



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Waiver and Release of Liability

I acknowledge that, _____ will be participating freely in one (or more) of the following Performance Pediatric Summer Group Classes: Let's Get Moving Sensory Motor Groups, Writer's Workshop and/ or Biker's Club. Equipment can be dangerous and I hereby assume all responsibility and risk for any accidents, sickness, or other mishaps, including, but not limited to, serious bodily injury, that may result while he/ she is participating in activities at Performance Pediatrics.

In connection with participation in their programs, I hereby waive my rights to any claim, cause of action, and/ or the right to file a lawsuit against Performance Pediatrics, or against any of its affiliates, directors, sponsors, employees, agents or volunteers.

I further release all such organization and/or persons from any and all responsibility or liability of any nature whatsoever for any loss or damage to my person or property, including, but not limited to, personal injury sustained on or through the Programs at Performance Pediatrics.

I have carefully read this Waiver and Release of Liability. By my signature, I am stating that I understand, agree to, and accept all of its provisions, and understand that I am giving away substantial legal rights.

Parent/ Guardian Signature: _____

Printed Name: _____ Today's Date: _____

Thank you!