



Performance Pediatrics

Pediatric Occupational, Speech and Physical Therapy

Welcome to Performance Pediatrics' 4th Annual Extended School Year and Summer Camp! Our 4 week, half day summer program is open to all children between the ages of 3-12 years old. We strive to provide your children the skills they need to succeed in all areas of learning and play. We specialize in working with children of all ages who present from mild to severe learning challenges and disorders. We are also able to decode and detect the underlying needs that children display making mastery of skills, or learning new skills challenging. That is why we created a fun, dynamic, multi sensory based summer camp/school program that is appropriate for *every* child, all ages, learning styles and functional levels!

We have collaborated with a few great teachers, all with experience working with children with alternative learning styles. Our teachers are eager to provide a hands on, and multi sensory approach to learning to achieve academic success. Children will enhance gross and fine motor coordination, body awareness and impulse control, visual motor, and attention all while navigating obstacles, going on adventures, creating experiments, and developing self help and coping skills throughout their program at Performance Pediatrics.

The Facts:

- Monday-Thursday-4 weeks: July 26th-August 19th, 9-1pm
- Drop off is between 8:45am-9am
- Pick up is at 1pm. (\$20 late fee for pick ups after 1pm.
- Apply sunscreen to children prior to drop off.
- Deadline to sign up is July 2nd.
- Rain or Shine! Space is limited!

What to bring:

- Water bottle and snack. (NO glass or peanut butter.)
- Must wear sneakers and socks. (dresses must have shorts under them)
- Full set of extra clothing in a labeled bag
- Beach towel
- Any medications that are needed for allergies, etc.

Pricing:

\$1875 for 4 weeks

Or \$475 per week

Final Payments and sign ups are by July 2nd, 2021

Call our Lafayette office with any questions! **(973-862-6377)**

Performance Pediatrics Emergency Contact Form

Childs Name: _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

*Email: _____ * required

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Medications: _____

Allergies: _____

Medical Conditions: _____

I have voluntarily provided the above contact information and authorize Performance Pediatrics and its representatives to contact any of the above on my behalf in the event of an emergency.

Guardian Signature _____ Date _____

Performance Pediatrics 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 prompting 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 Childs care at Performance Pediatrics.

Accept: _____ Decline: _____

Parent/Guardian Signature: _____

Date: _____

Thank you!

Academic Questionnaire

Student Name: _____

Grade: _____

Does your child receive Special Education privately or in school services:

Physical Therapy _____

Speech and Language Services _____

Occupational Therapy _____

Language Arts/Math Resource _____

Other (please explain) _____

Please note that some of these questions will not apply to all students. This is a generic questionnaire to help Mrs. Jen establish foundations to create their academic sessions during our program.

Language Arts Readiness

1. Does your child know:
 1. The letters of the alphabet _____
 2. Sight words _____
 3. Letter sounds _____
2. Does your child read:
 1. Words _____
 2. Sentences _____
 3. Paragraphs _____
 4. Short texts _____
3. Does your child comprehend what they read:
 1. Sentences _____
 2. Paragraphs _____

3. Short Stories _____
4. After reading a text, can your child:
 1. Recall characters _____
 2. Sequence events: _____
 3. Make connections between the characters and events _____
5. After reading a story, can your child
 1. Compare and contrast characters _____
 2. Identify problems _____
 3. Create solutions for the problems _____

Math Readiness

1. Does your child recognize numbers _____
2. Can your child count numbers: _____
3. Can your child
 1. Add 1 - 2 digit numbers _____
 2. Add 3 - 4 digit numbers _____
 3. Subtract _____
 4. Regroup _____
 5. Divide _____
 6. Multiply _____

Please use this space to describe the academic strengths and weakness of your child.



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	Independent	Requires Assistance		
Walking				
Stairs				
Dressing				
Writes Name				
	Yes	No		
Self Feed				
	Yes	No	Wears Pull ups	
Potty trained				

*Signing below, provides therapists and staff permission to assist in the above areas of ADLS, feeding, dressing, changing pull ups, and toileting if assistance is needed.

Comments: _____

Signature: _____ Date: _____



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Waiver and Release of Liability

I acknowledge that, _____ will be participating freely in, Performance Pediatrics Summer Program. 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 law suit against Performance Pediatrics, or against any of its affiliates, directors, therapists, sponsors, employees, agents, and 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.

Signature

Date: _____

Printed Name



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Summer Camp 2021 Payment

Childs Name: _____

Age: _____

Grade Entering in the Fall: _____

Teeshirt size: _____

Guardian: _____

Phone number: _____

Email address: _____

Payment: *please circle the one that applies*

\$1875 four weeks inclusive

\$475 weekly rate (week 1, 2, 3, 4) please circle which week(s) your child is attending.

Parent Signature: _____

All Final payments are Due by July 2nd.

Performance Staff to fill out below:

Paid: Cash, check, credit. (circle one) **Total:** _____ **Date:** _____

Received by staff initials: _____