SPECTRUM PEDIATRICS GROUP PROGRAM REGISTRATION

Child's Name: ______________________________ Date of Birth: ______________

Gender (check one): ☐ Male ☐ Female

FAMILY INFORMATION

Parent/Guardian 1: ______________________________ Relationship to Child: ______________

Address: ______________________________ (Street, City, State, Zip)

Phone: (____) ____–_____ Home (____) ____–_____ Cell (____) ____–_____ Work Email: ______________________

Parent/Guardian 2: ______________________________ Relationship to Child: ______________

Address: ______________________________ (Street, City, State, Zip)

Phone: (____) ____–_____ Home (____) ____–_____ Cell (____) ____–_____ Work Email: ______________________

SESSION REGISTRATION

Each session will be 8 weeks long. Enrollment fee covers participation in one playgroup for the entire 8 week session. ENROLLMENT DEADLINE: June 27, 2011 (will accept on a rolling basis after deadline). Payment plan options are available. A non-refundable deposit of $150 per playgroup will be due with enrollment application. (Deposit will be applied to the overall program fee.)

_______ 1. MOVING MONKEYS: Tuesdays, July 5-August 23, 2011 (10:00 a.m.—12:00 p.m.) $1,200
Enhance your child's language, learning and social skills through movement and sensory rich activities.

_______ 2. PLAYFUL PANDAS: Tuesdays, July 5-August 23, 2011 (3:00 p.m.—5:00 p.m.) $1,200
Through play and group activities your child will become more interactive with their peers and communicate in a social environment.

_______ 3. HUNGRY HIPPOS: Fridays, July 8—August 26, 2011 (10:30 a.m.—11:30 a.m.) $600
Whether your child has aversions to certain foods, a limited diet or motor challenges that make feeding difficult, the Hungry Hippos can help.

MEDICAL INFORMATION

Physician's Name: ______________________ Phone: (____) _____–_____

Address: ____

Street City State Zip

Emergency Contact, if parent is not reachable: ______________ Relationship to Child: ______________

Phone: (____) _____–_____ (____) _____–_____ (____) _____–_____

Home Cell Work

Does your child have any diagnosed medical conditions? ☐ Yes ☐ No

If Yes, Please describe: ____

Any previous medical conditions or surgeries? ☐ Yes ☐ No

If Yes, Please describe: ____

Is your child taking any medication? ☐ Yes ☐ No

Medication Dosage Frequency

Allergies (check all that apply): ☐ None ☐ Food ☐ Medicine ☐ Environment

Please describe the allergy and reaction seen: ____

Special Dietary Guidelines: ____

PARENT COMMENTS

Please describe any additional concerns/information you may have about your child at this time: ______________

IMPORTANT—THIS BOX MUST BE COMPLETE FOR CHILD TO PARTICIPATE

Parent/Guardian Authorization: This health history is correct and accurately reflects the health status of the child to whom it pertains. The person described has permission to participate in all program activities. If I cannot be reached in an emergency, I give permission to a physician/hospital to order x-rays, tests, and provide treatment related to the health of my child. I understand the information on this form will be shared on a "need to know"basis with Spectrum Pediatrics staff. I give permission to photocopy this form. In case of chronic or serious conditions, Spectrum Pediatrics has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with Spectrum Pediatrics staff about my child's health status.

Parent/Guardian: ______________________ Relationship to child: ______________

Signature: ______________________ Date: ______________

SERVICE AGREEMENT

Enrollment deadline: June 27, 2011 (will accept on a rolling basis after deadline). A $150 non-refundable deposit is required to reserve a spot for your child. Deposit will be applied towards the overall tuition cost.

Payment Options:

☐ Pay in full, a check is enclosed for $__________

☐ Pay for half, a check is enclosed for $__________ The remainder is due by July 29, 2011

☐ Pay in three installments, a check is enclosed for $__________ The second installment is due by July 22, 2011 and the third installment is due by August 5, 2011.

I have enclosed a completed registration form for my child. I understand that all program activities are conducted by qualified personnel in a safe acceptable manner. I understand that I will receive a treatment note at the end of each session with the appropriate procedure and diagnosis codes. Please initial: ____________

RELEASE OF LIABILITY CLAUSE

I hereby waive any claim of liability against Spectrum Pediatrics including its employees and representatives, and release them from all liability in connection with the program activities.

Parent/Guardian: ______________________________ Relationship to child: ______________________

Signature: ____ Date: ______________________

PHOTO RELEASE

I give permission for Spectrum Pediatrics to use photographs of my child for any lawful purpose including treatment sessions, publicity, illustration, advertising and web content.

Photo Release (check one): ☐ Yes ☐ No Please initial: ____________

ADDITIONAL INFORMATION:

Mail to:
Spectrum Pediatrics
2869 Duke St
Alexandria, VA 22314