

**Play Is for Progress - Therapy Group – Summer 2024**  
**An Intensive Occupational Therapy Group for 4 to 6-year-olds**

**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:**

**Play is for Progress Group – Summer 2024**

**Cost: \$1620 (ten -90-minute sessions)**

**Tuesday and Thursday, 9:30-11:00**

**June 11th – July 18th, 2024 \* No group on 7/2 and 7/4/2024**

**Payment:**

- The first payment of \$810 is due at the time of registration and will confirm your child's enrollment in the program
- The second payment of \$810 is due May 1, 2024
- Registration and payment will be made through Sensory Solutions Jane system and a superbill will be provided.

**Insurance Information:**

This group may be reimbursable by your insurance. We will provide monthly superbills including CPT code **97150**.

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

**Cancellations:**

We are unable to refund missed sessions due to the staffing requirements for 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 treatment from Sensory Solutions, LLC.

\_\_\_\_ 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 and photos will never be used for promotional purposes without your explicit agreement.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Teri Jetter, MS OTR/L, director of Sensory Solutions  
Sarit Murkes, office administrator

(408) 647-2084  
[sensorysolutionsinfo@gmail.com](mailto:sensorysolutionsinfo@gmail.com)  
[sensorysolutionsforkids.com](http://sensorysolutionsforkids.com)