



Performance Pediatrics

Pediatric Occupational, Speech and Physical Therapy

Welcome to Performance Pediatrics' 2nd 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 8th-August 1st 9am-1pm.
- Drop off is between 8:45am-9am
- Pick up is at 1pm. (\$20 late fee for pick ups after 1:10pm.)

Schedule

Age	9-10am	10-11am	11-12pm	12-1pm
3-5	PT	Social skills Group/Sp eech	OT	Hands on learning
6-9	OT	Hands on Learning	Social skills Group/Sp eech	PT
10-12	Hands on Learning	OT	PT	Social Skills Group/Spe eech

- Must be potty trained.
- Apply sunscreen to children prior to drop off.
- Sign up before May 24th to receive \$100 off!
- Deadline to sign up is June 21st.
- 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)
- Extra set of clothes in a labeled bag.
- Any medications that are needed for allergies, etc.

Pricing:

\$1250

(save \$100 off total if signed up and paid by May 24th)

Final Payment due by June 21st.

Call our 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 # _____

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: _____

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Thank you!

Summer Camp 2019 Sign up Sheet

Childs Name: _____

Age: _____

Grade Entering in the Fall: _____

Teeshirt size: _____

Payment: \$1250- entire 4 weeks.

\$1150 (If paid in full by May 24th)

other payment (weekly) : _____

Parent Signature: _____

All Final payments are Due by June 21st.

Performance Staff to fill out below:

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

Received by staff initials: _____