

## **KIDZ IN MOTION 2019 APPLICATION**

Your child may be eligible to participate in Kidz in Motion, a therapeutic summer program where children participate in a broad range of activities used to facilitate a therapeutic benefit. This program is designed, coordinated and directed by the owners of Occupational Therapy For Kidz who are both occupational therapists with over 20 years of clinical experience. Kidz in Motion is a progressive program that combines group occupational therapy utilizing a sensory integration approach and various other neurobehavioral strategies. The "Intensive" model is used to facilitate quicker therapeutic results in a shorter period of time. The parent will receive updates throughout the week. Each child will be paired with a counselor either on a 1:1 or 2:1 ratio. The counselors backgrounds range from occupational therapists, occupational therapists assistants, special educators, other types of clinicians or established college students entering the field. Most common diagnosis for participants include mild to moderate sensory processing disorders which may be in conjunction with other diagnoses such as Developmental Delay, ADHD, Learning Disability, Speech/Language Disability and mild to moderate Autism). This program may not be appropriate for those diagnosed with *Severe* Autism. Often times, any one of these diagnosis may impact the quality of the child's learning, social-emotional skills, communication and motor skills. Our "mission" is to provide a **treatment environment** in the context of a fun filled "**camp-like**" experience. Activities include therapeutic horseriding, aquatic activities, bounce house fun, brain-based exercises/activities, etc. A brain-boot camp preparing children for school and life skills! Space is limited!! **Date: August 12-16, 2019; Time 8:00-3:30 pm; Cost: \$899. \$200 down payment holds a space, Payment in Full mandatory by July 19th.** For any concerns, contact OT For Kidz 718-949-5439.

### **Criteria:**

- My child is between the ages of 4-10 years old.
- My child is toilet trained.
- My child can separate from parent in a reasonable amount of time.
- My child can function in a small group.
- My child can tolerate physical activities.
- My child does not require medical assistance.
- To my knowledge, my child is not allergic to horses
- My child is ambulatory (can walk).
- My child can feed him/herself.

If you answered yes to all above, please proceed in completing this application.

**Try to do a Fundraiser!** Some Ideas: Go Fund Me

See's Candies (candy sale)

Sale Raffles and offer a prize

**CLIENT INFORMATION**

**Child's Name** (please print): \_\_\_\_\_

**Gender:** Female \_\_\_\_ Male \_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_  
**Mother's Name** (please print); \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Father's Name** (please print); \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Medical or Psychological Diagnosis: \_\_\_\_\_

Current Medication and Treatment (i.e. asthma): \_\_\_\_\_

\_\_\_\_\_  
Diet Limitations (i.e. allergies) \_\_\_\_\_

\_\_\_\_\_  
Outdoor allergies \_\_\_\_\_

Has he/she been hospitalized (When, how long and why): \_\_\_\_\_

\_\_\_\_\_  
Does he/she have any vision or hearing problems: If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
Does he/she have difficulty in communicating? If yes, please explain \_\_\_\_\_



How would you describe your child's behavior related to sensory? (check all that apply)

**Sensory Defensive/Hyper-sensitive: if so, to what?**

Sounds  Touch  Movement/Heights  Visually Busy environments

He/she may be: Fearful  Anxious  Extremely Careful

Easily Distracted  Other \_\_\_\_\_

**Sensory Seeking/Hypo-sensitive:**

Active  Impulsive  Easily Distracted  Poor Safety Awareness

Poor Body Awareness  Fearless  Other \_\_\_\_\_

**Other Behavioral Descriptions:**

Aggressive Behaviors: Yells  Scratches  Hits  Kicks  Bites

Other: \_\_\_\_\_

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**What would you like to see your child accomplish in this program? (check all that apply)**

Make Friends \_\_\_\_\_ Initiate interaction \_\_\_\_\_ Take Chances \_\_\_\_\_

Transition Better \_\_\_\_\_ Focus better \_\_\_\_\_ Impulse Control \_\_\_\_\_

Be more Physical \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?**

Client of OT For Kidz \_\_\_\_\_ Child's Therapists (name and type of therapist): \_\_\_\_\_

E-mail Ad \_\_\_\_\_ Child's Teacher (Teacher's name/School): \_\_\_\_\_

Poster Ad \_\_\_\_\_ Another Parent (name - optional): \_\_\_\_\_

Flyer in Doctor's Office (name and type of therapist): \_\_\_\_\_

Other \_\_\_\_\_

Child's Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**In case either parent cannot be reached, please provide emergency contact information in the order of primary, secondary and tertiary person. If there are any special instructions, please provide this information.**

Name (Please print): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**T-shirt Size for my child:** Child size Small \_\_\_\_\_ Child size Medium \_\_\_\_\_ Child size Large \_\_\_\_\_

I understand my child will receive 1 t-shirt. Any extra will be an additional cost of \$15.

If you want more than 1 t-shirt for your child, please indicate size and how many.

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I understand that **ONLY** the parent and/or those listed above in the emergency contact information will be allowed to drop off and/or pick up my child unless it is otherwise put in writing by the parent. I understand my child will be screened for the appropriateness of this program. I am aware the parent/ caregiver will receive updates throughout the week and this may include assessing my child. I am also aware that for marketing purposes, filming and pictures may be conducted and place on the OT For Kidz website or other marketing materials and that I must put in writing if I do not want my child pictured and/or filmed. I acknowledge that my child will participate in many indoor and/or outdoor activities which will include therapeutic horse riding, aquatic activities and bounce house fun amongst other activities on and off the premises of OT For Kidz. I understand that the Kidz In Motion program is not a camp but a program for therapeutic purposes. By signing this consent, I, as the parent/guardian of hereby assume all risks and hazards incidental to the conduct of the activities at OT for Kidz and transportation to and from the activities. I hereby release and shall defend, indemnify and hold harmless releasees from every claim and any liability that I or my child may allege against releasees (including legal fees and costs) as a direct or indirect result of injury or death to me or my child because of my child's participation in the Kidz in Motion summer program, whether caused by the negligence or releases or others to the maximum extent permitted by law. I promise not to sue releasees on my behalf or the behalf of my child regarding claim arising from or related to my child's participation in any OT For Kidz programs. I acknowledge that by signing this document, I am releasing OT For Kidz, Specializing in Sensory Integration, LLP and their representatives, agents, employees, volunteers, members, sponsors, promoters, and affiliates (collectively "releasees") from liability, and that I am giving up substantial legal rights. This sign up and release form is a contract with legal and binding consequences and it applies to all activities in which my child engages during the Kidz In Motion program whether such activity is a part of a formal program. I have read this release carefully before signing. I understand that no insurance coverage for participants in these activities is provided by OT for Kidz.

**By signing, I attest that the completed information in this application/document is accurate and I read, understand and agree to the guidelines of this program.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**