Jumpstart to Kindergarten I: Reinforcing Speech, Language, and Early Articulation Skills

Session I: July 7-14 _____

Session II: July 14-18 _____

• Morning Session: 9:00 - 11:30 AM _____

• Afternoon Session: 12:30 - 3:00 PM _____

$1000 per session morning or afternoon. If doing 2 programs 10% discount.

Out East Therapy of New York

130 F Montauk Highway, E. Moriches, NY 11940

Parent/Guardian Information

• Full Name: _____

• Phone Number: _____

• Email Address: _____

• Home Address: _____

Child Information

• Child's Full Name: _____

• Date of Birth: //_____

• Age (in months): _____

• Does your child have any known medical conditions or developmental concerns?

☐ Yes (please describe): _____

☐ No

• Does your child have any allergies?

☐ Yes (please list): _____

☐ No

Emergency Contact Information

(Someone other than the parent/guardian listed above)

• Emergency Contact Name: _____

• Relationship to Child: _____

• Phone Number: _____

Program Registration

• Preferred Session Date: //_____

• How did you hear about SMART Babies?

☐ Friend/Referral

☐ Social Media

☐ Website

☐ Pediatrician/Therapist Recommendation

☐ Other: _____

• What are you hoping to gain from this program?

Consent & Agreement

☐ I understand that this program is for educational and developmental purposes and does not replace medical advice.

☐ I acknowledge that I am responsible for my child's well-being during the session.

☐ I give permission for my child to participate in hands-on activities, including infant massage and movement exercises.

☐ I grant permission for Out East Therapy of New York to take photos/videos during the session for educational or promotional purposes. (Optional – Check if you agree.)

Parent/Guardian Signature: _____

Date: //_____