

Say It Therapy Services, Inc.
Pediatric Speech & Occupational Therapy



and



Semi-inclusive preschool * therapy * motor group & more

Kids Connection, Inc. and Say It Therapy Services, Inc. have united their services to provide programming to reach children with unique developmental needs. All student skills are varied and our small group programming has been developed to provide quality and effective services in one location.

The following is a list of our programs.

MOTOR GROUP: (ages 3-5) Large muscle movement is key to learning and good health among our young children. Join an occupational therapist for activities that develop body awareness, strength, coordination, language and social skills. This class is appropriate for **ALL** children to improve academic performance so take advantage of this unique opportunity to work with a specialized professional. This class is 30 minutes 1x/week for 8 weeks; 11:45-12:15. Maximum 10/Minimum 4. Please refer to Enrichment Class schedule for session days; class fees can be prorated for late starts, but no refunds for missed days.

CONNECTIONS: (ages 3-5) A class developed for children who benefit from a smaller class size, higher teacher to student ratio, more structured teaching techniques, speech and occupational therapies. This class also includes integration with other peers during motor groups, centers and/or story time. Students will do group work with preschool teachers, a speech-language pathologist (1 hour/week) and an occupational therapist (1 hour/week) to develop communication skills, motor skills, self-help skills and social skills. This class is 2.5 hours 1x/week. See program fee schedule attached. No refunds for missed days. Maximum class size is 10/Minimum 4.

LEARNING PARTNER: If your child needs extra support from a teaching assistant, we can provide them with a *Learning Partner* for a minimal fee in our programs for 3s, 4s and 5s. See program fee schedule. No refunds for missed days.

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PROGRAM FEE SCHEDULE AND THERAPY TIMES

Program	Price monthly	Price per 2.5 hr. day	Price per hour
	\$\$	\$\$	\$\$
Connections Wednesday	200.00*	50.00	20.00
Motor Group Program	96.00 for 8 weeks	12.00 per class	
Learning Partner	Fee based on # classes	30.00	12.00

- Full payment due by the 25th of each month for the following month for Connections and Learning Partner fees. Motor Group is paid in full prior to session start date.
- Kids Connection, Inc. *will not* submit to insurance companies.
- *Price based on a 4-week month; often weeks total 3 per month. No refunds for missed days
- Refer to Connection program schedule for weeks per month-billed details.

The following details staff and therapist Connections classroom times:

AM: 9:15-11:45/PM: 12:30-3:00	Wednesday
Speech-language Pathologist (SLP)	1.0 hour
Occupational Therapist (OT)	1.0 hour
Kids Connection lead teacher	2.5 hours

The Connections class will consist of the following daily flow. The schedule may be altered to best meet the needs of all our students and the semi-inclusive environment. The therapist's time will overlap as well as being part of various aspects of the day. Kids Connection staff is part of the class the entire 2.5 hours.

30-45 minutes	Circle welcome and goodbye
15 minutes	Snack
30 minutes	Gym w/ OT
30-45 minutes	Centers w/ OT and SLP
30 minutes	Interactive story time w/ SLP

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MEET THE THERAPISTS:

**Occupational Therapist
Carrie Kranz, M.S., OTR/L**

Carrie has a Master of Science in Occupational Therapy. She also is licensed in the state of Illinois and is a certified Early Intervention Provider.

Carrie has worked in early childhood education, elementary special education, early intervention and outpatient pediatric facilities.

Specialties include but are not limited to the following populations: autism spectrum, down syndrome, sensory processing disorders, learning disabilities and developmental delays.

Recent trainings include NIA Autism Team Training, Bal-A-Vis-X, Brain Gym, Revising Brainstem Reflexes, Vestibular Habilitation from the Core, Therapeutic Listening and Picture Exchange Communication System (PECS).

For more information visit www.sayitherapy.com

**Speech-Language Pathologist
Christine Yates, M.S., CCC-SLP/L**

Christine has a Master of Science in Speech-Language Pathology. She also is licensed in the state of Illinois and has obtained her Certificate of Clinical Competence (CCC) through the American Speech and Hearing Association.

Christine has 10 years of experience working with children with communication disorders. She has provided speech-language therapy services for St. Charles (D303) and school district U46/Elgin. Christine also has an Illinois Early Intervention certificate to provide services for children from birth to 3 years of age. She has provided services in early childhood classrooms, elementary schools, middle schools, and high schools.

She specializes in working with children with Childhood Apraxia of Speech, Dysarthria, oral motor delays, feeding disorders, receptive and expressive language disorders, and articulation/phonological disorders. She also has extensive knowledge and experience with Augmentative Communication Devices for non-verbal or highly unintelligible communicators.

For more information visit www.sayitherapy.com

Connections Program-Wednesday Schedule

2010-2011

CONNECTIONS BEGINS 9/8/10

August 2010						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8				12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NO CONNECTIONS CLASSES

September 2010						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2010						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2010						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2010						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

January 2011						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 2011						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March 2011						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April 2011						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2011						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June 2011						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July 2011						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Watch for Summer Schedule

Watch for Summer Schedule

CONNECTIONS CLASSES END 5/25/11

= Kids Connection **CLOSED**

CLASSES MEET EVERY WEDNESDAY UNLESS OTHERWISE INDICATED. REFUNDS NOT GIVEN FOR SICK/VACATION DAYS. BILLING REFLECTS ONLY DAYS IN SESSION FOR CONNECTIONS CLASSES. Full payment due by the 25th of each month for the following month. Kids Connection, Inc. will not submit to insurance companies.

REGISTRATION FORM



ADMISSIONS:

Enrollment is open to individuals of any race, color, sex, religion, nationality or ethnic origin. Kids Connection, Inc. will accommodate any individual regardless of physical or mental ability as best as possible, unless special accommodations would pose an undue hardship on Kids Connection, Inc. Toilet learning is not required for admission into the preschool/camp/enrichment programs. *Join anytime - we will prorate class fees.*

Complete the Enrollment Checklist requiring documentation of physical exam and various signed forms required by DCFS. **All information must be submitted before the first day of class. This information will be maintained on file for future program enrollment. Please contact office staff if you need registration forms.**

PROGRAM: Please check the program(s) of choice:

- | | | |
|-----------------------|--------------------------|--|
| Connections Wednesday | <input type="checkbox"/> | weekly program |
| Motor Group Program | <input type="checkbox"/> | see enrichment class schedule for weekly session dates |
| Learning Partner | <input type="checkbox"/> | |

PARENT/GUARDIAN:

Mother's/Guardian Name: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Occupation: _____

Father's/Guardian Name: _____ Marital Status: _____

Address (if different than child's): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Occupation: _____

MEDICAL:

Family Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS: (Located within 25 min. of center; only if parent/guardian not available):

Name/Relation: _____ City/State: _____ Phone: _____

Name/Relation: _____ City/State: _____ Phone: _____

ALTERNATE PICK-UP: (Person which has your permission to pick-up your child(ren). Use the Special Pick-Up form for one-time pick-up needs. See teacher for form.):

Name: _____ City/State: _____ Phone: _____

Name: _____ City/State: _____ Phone: _____

Name: _____ City/State: _____ Phone: _____

- COMPLETE SIDE 2 -

AGREEMENT/WAIVER AND RELEASE:

In consideration for being permitted by Kids Connection, Inc. to participate in programs, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue to my child(ren) enrolled, as a result of participation in said activities. It is understood that these activities involve an element of risk of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental/Guardian Consent: (To be completed and signed by parent/guardian)

I hereby consent that all participants enrolled on this form participate in Kids Connection, Inc. and Say It Therapy, Inc. activities and I hereby execute the above AGREEMENT/WAIVER AND RELEASE on their behalf. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activities.

Signature Parent/Guardian: _____

Printed: _____ Date: _____

PAYMENT:

Please fill out the following for payment. Visa/MasterCard/Discover/Debit cards are all acceptable forms of payment. If you would like to pay with cash or check please contact the Kids Connection office for assistance.

Student Name: _____

Program Name: _____

- Please use my card for monthly for the Connections class. Payments processed the 25th of each month.
- Please use my card for the Motor Group enrichment.
- Please use my credit/debit card for a Learning Partner and the preschool program enrolled in with the Partner. Payments processed the 25th of each month.

Circle One: Discover Visa MasterCard

Card # _____ - _____ - _____ - _____

Expiration: MM/YY _____ Zip Code: _____

Name on card: _____

Signature: _____