

☀ SUMMER 2023 INTEREST FORM ☀

CHILD'S NAME:				
	Last First			
BIRTHDATE:		AGE:	GRADE:	
PARENTS:				
ADDRESS:				
CITY:			ZIP CODE:	
PREFERRED PHONI	E:			
EMAIL:				
Once you submiscreening inform Ple I C SIX WEEK GI	it this interest for nation and instr ase submit th Full payment i We accept credit card payr ROUP SESS week of June 26	orm, the Clinical Dructions to comple is registration for is due upon accest Visa, Mastercar ments may be made in the complex of the complex in the complex	IMER tab to find more infor birector will contact you for steet the registration process. rm by Monday, May 1, 202 ptance into the program. d, Cash and Checks. de via phone. 734.454.0866	specific
<u>Friendship</u>	<u> Builders</u>			
		rs 9:15-11:15 AM rs 1:15-3:15 PM		
Skill Build	<u>ers</u>			
☐ Ages	3-4. Mon/Wed 9	:15-11:15AM		
SUMMER SP	OTLIGHT TH	HERAPY SESS	IONS	
	Therapy ional Therapy Therapy			

^{*}Insurance requires a physician prescription for the initial evaluation. Private Pay sessions also available.

SIX WEEK SKILL WORKSHOPS. \$395 each Groups begin the week of June 26, 2023 No sessions the week of July 3. *We cannot refund missed sessions. ☐ Pencils, Pens & Practice Age 5-10 Fridays 9-10 AM □ STEM Development Ages 9+ Thursdays 3:15-4:15 PM □ Teen Connections Ages 13+ Mondays 6-7 PM □ AAC Group: Talker Time Ages 6+ Mondays 1-2 PM ☐ Bal-A-Vis-X (Balance, Auditory, Vision and Exercise) Ages 7-12 Mondays 1:30-2:30 PM **MEALS ARE A BIG DEAL** Now You're Cooking! \$525 (includes all ingredients) Ages 8-12 Fridays 11:15-12:30

□ Feeding Therapy Intensive

Weekly individual sessions

□ Feeding Therapy

4 one-hour sessions for 3 consecutive weeks

Return this registration form by May 1, 2023 to: Building Bridges Therapy Center

office@bridgestherapy.com

46200 Port Street Plymouth, MI 48170. Fax (734) 454-1744

*Once you submit this form, the Clinical Director will contact you for specific screening information, and instructions for completing the registration process.