



Summer Program Registration

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Email : \_\_\_\_\_ Check if OK to communicate with email \_\_\_\_\_

Payment Source: Private pay Preble DD Other \_\_\_\_\_ (No insurance billing for groups)

T-Shirt Size: Youth XS S M L Adult S M L XL

Tiny Talkers: JUNE 3 - 7, 2024 COST: \$245.00

Pee Wee (ages 4-6) 9:00 am to 10:30 am \_\_\_\_\_ Junior (ages 7-10) 11:00 am to 12:30 pm \_\_\_\_\_

Barn Buddies: JUNE 10 - 14, 2024 COST: \$245.00

Pee Wee (ages 4-6) 9:00 am to 10:30 am \_\_\_\_\_ Junior (ages 7-10) 11:00 am to 12:30 pm \_\_\_\_\_

Power Up Preschoolers:

Ages 3 - 5

MONDAYS: JUNE 17 - JULY 22, 2024 COST: \$245.00

11:00 am - 12:00pm \_\_\_\_\_ or 1:00 pm – 2:00 pm \_\_\_\_\_

Nature Explorers:

Developmental age 5-10

TUESDAYS: JUNE 18 - JULY 23, 2024 COST: \$245.00

11:00 am - 12:00pm \_\_\_\_\_ or 1:00 pm – 2:00 pm \_\_\_\_\_

Ninja Club:

Developmental age 5-10

WEDNESDAYS, JUNE 19 - JULY 24, 2024 COST: \$245.00

11:00 am - 12:00pm \_\_\_\_\_ or 1:00 pm – 2:00 pm \_\_\_\_\_

Fun with Friends:

Ages 7 -10

THURSDAYS, JUNE 20 - JULY 25, 2024 COST: \$245.00

11:00 am - 12:00pm \_\_\_\_\_ or 1:00 pm – 2:00 pm \_\_\_\_\_

REGISTRATION MUST BE ACCOMPANIED BY REQUIRED FORMS AND PAYMENT TO HOLD A SPOT FOR YOUR CHILD:

Forms (emergency medical, release form, client history) may be downloaded from website, www.triangletherapyservices.com; Priority will be given to current TTS clients until May 1.

Please return to:

Triangle Therapy Services\*911 West Main St.\* Eaton, Ohio 45320 \* Phone: 937 456-6505 \* Fax: 937 456-6505 Or email to jvogel@triangletherapyservices.com



## Triangle Therapy Services Summer Program Descriptions

### **TINY TALKERS: JUNE 3-7, 2024; COST: \$245.00**

Pee Wee (ages 4-6) 9:00 am to 10:30 am. Junior (ages 7-10) 11:00 am to 12:30 pm

Leader: Hannah Loughman, CCC/SLP; Co-Leader: Stacey Creech, COTA/L; Coordinator: Jodi Vogel, OTD, OTR/L

A speech enrichment group for language delays. Enjoy activities with the farm animals, nature, and arts and crafts activities. Social language situations and activities for the children will be provided to further improve communication skills in a natural environment. ***(Most participants will have a 1X1 "buddy" that will support their language development)***

### **BARN BUDDIES: JUNE 10-14, 2024; COST: \$245.00**

Pee Wee (ages 4-6) 9:00 am to 10:30 am. Junior (ages 7-10) 11:00 am to 12:30 pm.

Leader: Stacey Creech, COTA/L; Co-Leader: Hannah Loughman, CCC/SLP; Coordinator: Jodi Vogel, OTD, OTR/L

A weeklong social skills group for autism spectrum disorder/social communication disorder with an emphasis on having old-fashioned fun! Enjoy activities with the farm animals, horticulture, and nature while nurturing interaction skills with peers. ***(All participants will have a 1X1 "buddy" that will support their participation)***

### **POWER UP PRESCHOOLERS: MONDAYS: JUNE 17 – JULY 22, 2024; COST: \$245.00**

Ages 3-5. 11:00 am - 12:00 pm or 1:00 pm – 2:00 pm (2 groups are available depending on number of registrations)

Co-Leaders: Hannah Loughman, CCC/SLP; Jodi Vogel, OTD, OTR/L; Shannon Guiley, MPT

Play is a child's job. Come play outdoors and with the animals, while working on the skills needed for kindergarten. This group is designed to incorporate all the base skills necessary to assist in powering up your preschooler for the transition to kindergarten. We will highlight fine motor, gross motor, cognitive, and expressive/receptive language skills, with handouts for home follow through. ***(Child must function without an aide)***

### **NATURE EXPLORERS: TUESDAYS: JUNE 18 – JULY 23, 2024; COST: \$245.00**

Developmental age 5-10. 11:00 am - 12:00 pm or 1:00 pm - 2:00 pm (2 groups are available depending on number of registrations)

Leader: Stacey Creech, COTA/L; Co-Leader: TBD

Nature Explorers will allow your child to explore the great outdoors while building and enhancing motor, executive functioning, and sensory processing skills through the use of natural materials in a supportive group environment. ***(Child must function without an aide)***

### **NINJA CLUB: WEDNESDAYS: JUNE 19 – JULY 24, 2024; COST: \$245.00**

Developmental age 5-10. 11:00 am - 12:00 pm or 1:00 pm - 2:00 pm (2 groups are available depending on number of registrations)

Co-leaders: Shannon Guiley, MPT; Stacey Creech, COTA/L

Ninja Club will combine your child's love for sports, nature, creativity and challenges. Each day will bring a different challenge, either in the barn, meadow, woods, or on hikes. Our physical and occupational therapists will help your child stretch their gross motor skills through a "just right challenge" to meet their individual needs. ***(Child must function without an aide)***

### **FUN WITH FRIENDS: THURSDAYS: JUNE 20 – JULY 25, 2024; COST: \$245.00**

Ages 7-10. 11:00 am - 12:00 pm or 1:00 pm - 2:00 pm (2 groups are available depending on number of registrations)

Co-leaders: Stacey Creech, COTA/L; Hannah Loughman, CCC/SLP; Consultation: TBD

Join us for fun and exploration with animals and nature as our children learn and strengthen their social skills through active play. This class is designed to help children engage and verbally interact with their peers through structured facilitation by our therapists. Participation in group activities for positive team building will be included.

***(Child must function without an aide)***

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### Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Triangle Therapy Services to:

1. Secure and retain medical treatment and transportation if needed.
2. Release any records upon the request to the authorized individual or agency involved in the medical emergency treatment.

Please describe any medical conditions that may require special precautions or treatment and any medications you are now taking:

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List any allergies:

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Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary phone: \_\_\_\_\_ Name: \_\_\_\_\_

Other phone: \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_ You may contact me by email: Y or N

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Person to contact in emergency (if parent or guardian cannot be reached first):

\_\_\_\_\_ Contact #: \_\_\_\_\_

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Signature

Date

Relationship

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**Registration and General Release Form**

I, \_\_\_\_\_ (Parent/Legal Guardian's Name), hereby apply for participation in Triangle Therapy Services, LLC summer programs or hippotherapy program. I acknowledge the risks and the potential for risks of the program's use of horses, other animals, and nature activities. However, I feel that the possible benefits are greater than the risks assumed. I hereby forever release, discharge, and hold free and harmless, for myself, my heirs and assign, executors or administrators, all claims for damages against Triangle Therapy Services, LLC, its therapists, instructors, aides, volunteers, and /or employees, and the Benge Farm of any and all injuries and/or losses the client, client's family, or guests may sustain while participating in any programs.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Photo Release**

I consent to and authorize the use of reproduction by Triangle Therapy Services, LLC of any and all photographs and any other audiovisual materials take of the client, client's family, or guests while in treatment for use in promotional materials, educational activities, exhibitions, or for any other use of the benefit of Triangle Therapy Services, LLC. I also give consent for pictures (without names) to be posted on the Triangle Therapy Services, LLC Facebook, Pinterest, YouTube, and Instagram pages.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Damage Release**

I, \_\_\_\_\_ (Parent/Legal Guardian's Name), hereby agree that I will be responsible for seeing that any children or guests brought by me on the premises of Triangle Therapy Services, LLC are properly supervised at all times while on such premises. I agree to not bring any animals onto the property. I further agree that I will be liable for any damage to the property of Triangle Therapy Services, LLC or the Benge home, and/or for any loss of use of such property resulting from any such damage, caused by my negligence or that of any child or guest brought on such premises by me. I further agree to pay for any necessary repairs or to reimburse Triangle Therapy Services, LLC and/or the Benge family for the reasonable cost of repair, replacement, and/or loss of use of such property pending repair or replacement.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

# TRIANGLE THERAPY SERVICES

## SUMMER PROGRAM PARTICIPATION AGREEMENT AND CLIENT HISTORY

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

### GENERAL INFORMATION

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male or Female  
School System: \_\_\_\_\_ Grade: \_\_\_\_\_

### THERAPY HISTORY

What therapy services is the client currently receiving and where? (OT/PT/ST/counseling)

School: \_\_\_\_\_

Private: \_\_\_\_\_

### HEALTH HISTORY

Medical diagnoses: \_\_\_\_\_

Medications: \_\_\_\_\_

Food restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

*Please give a brief description of your child in each of the following areas.*

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Sensory issues: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Seizures: \_\_\_\_\_

Pain/Joint/Muscular: \_\_\_\_\_

Behavioral: \_\_\_\_\_

Thinking/Cognition: \_\_\_\_\_

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CLIENT SNAPSHOT

(Give us a picture of your child in the following areas)

Gifts/Talents: (Strengths, what your child brings to the group)

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Physical function: (mobility, equipment, transfers, level of supervision needed)

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Language: (approximate # of words, signs, sentences)

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Self care: (toileting status, feeding status)

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*We will not routinely change diapers/assist with toileting during groups unless it is a necessity. Please change your child right before the session starts. If changing is required, do you give permission for a staff member to change your child/assist in the bathroom: Y or N*

Social/Behavioral: (Describe your child's personality or any behavioral approaches used)

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Goals: (What would you like your child to receive from this program?)

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*We look forward to working with your child.*

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