



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 2 - 6, 2025 COST: \$245.00

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

Barn Buddies: JUNE 9 - 13, 2025 COST: \$245.00

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

Power Up Preschoolers:

Ages 3 - 5

MONDAYS: JUNE 16 - JULY 21, 2025 COST: \$245.00

11:00 am - 12:00pm _____ or 1:00 - 2:00 pm _____

Foodie Group:

Ages 5 - 10

TUESDAYS: JUNE 17 - JULY 21, 2025 COST: \$245.00

11:00 am - 12:00pm _____

Nature Explorers:

Developmental age 5-10.

TUESDAYS: JUNE 17 - JULY 22, 2025 COST: \$245.00

1:00 - 2:00pm _____

Ninja Club:

Developmental age 5-10.

WEDNESDAYS, JUNE 18 - JULY 23, 2025 COST: \$245.00

11:00 am - 12:00pm _____ or 1:00 - 2:00 pm _____

Fun with Friends:

Ages 7 -10

THURSDAYS, JUNE 19 - JULY 24, 2025 COST: \$245.00

11:00 am - 12:00pm _____ or 1:00 - 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) are attached to registration.

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: 937 456-6507

Or email to jvogel@triangletherapyservices.com



Triangle Therapy Services Summer Program Descriptions

TINY TALKERS: JUNE 2-6, 2025; COST: \$245.00

Pee Wee (ages 4-6) 9:00 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, ASDI; Coordinator: Jodi Vogel, OTD, OTR/L, ASDCS

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 9-13, 2025; COST: \$245.00

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

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

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 16 – July 21; COST: \$245.00

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

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)*

FOODIE GROUP: TUESDAYS: JUNE 17 – July 22; COST: \$245.00

Ages 5-10. 11:00 am - 12:00 pm

This program will allow your child to learn more about food and textures through play and become more comfortable around new foods. Our approach is to offer a low-stress way for your child to see and feel foods using their senses such as sight, smell, taste, and touch. *(Child must function without an aide)*

NATURE EXPLORERS: JUNE 17– July 22; COST: \$245.00

Developmental age 5-10. 1:00 - 2:00 pm

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)*

Please return to:

Triangle Therapy Services*911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6507
Or email to jvogel@triangletherapyservices.com

TRIANGLE THERAPY SERVICES

NINJA CLUB: WEDNESDAYS: JUNE 18 – July 23; COST: \$245.00

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

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 19– July 24; COST: \$245.00

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

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)*

Please return to:

Triangle Therapy Services*911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6507
Or email to jvogel@triangletherapyservices.com



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:

List any allergies:

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 #: _____

Signature

Date

Relationship

Please return to:

Triangle Therapy Services*911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6507
Or email to jvogel@triangletherapyservices.com



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 Bengel 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 taken 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, Instagram, and YouTube 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 Bengel 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 Bengel 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

Please return to:

Triangle Therapy Services*911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6507
Or email to jvogel@triangletherapyservices.com



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: _____

Please return to:

Triangle Therapy Services*911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6507
Or email to jvogel@triangletherapyservices.com



CLIENT SNAPSHOT

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

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

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

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

Self care: (toileting status, feeding status)

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)

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

We look forward to working with your child.

Please return to:

Triangle Therapy Services*911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6507
Or email to jvogel@triangletherapyservices.com