Attendance Policy

Please arrive for each appointment in time to check in and begin therapy at the scheduled time. Each child has a reserved time slot for him/her.

Late Cancellation Policy
We require **24 hours**' notice to cancel. Please leave a message with the office if you do not speak to a staff member. If a cancellation is within 24 hours, a makeup session will be offered to avoid a late cancellation fee. If a makeup session is scheduled and attended, no fee will be charged. We understand emergencies arise, please let us know ASAP if you need to reschedule or cancel. We highly encourage rescheduling! Progress comes with consistent attendance.

No Show Policy
If your child does not show for their scheduled time without notifying the office, a $75 fee will be charged. Insurance does not cover this fee. This fee must be paid before your next session. Therapy will be terminated after three missed appointments without a cancellation notice. Therapy will also be terminated with frequent cancellation without rescheduling.

Clinic Rules

1. Patients and siblings should remain in the waiting room until the therapist comes to get your child.
2. Please arrive 10 minutes before session is over to pick up your child. This will allow the therapist time to review the session with you and consult on any other concerns and progress.
3. Parents are welcomed to wait in the waiting room, run errands, or request to the join the session. Please ask your therapist if you would like to join in. If you choose to drop your child off, please keep your cell phone close by in case we need to reach you.
4. Siblings and other children who are not patients at Theraplay Pediatrics will **NOT** be allowed on the equipment. We ask that you always supervise so our therapists can focus on your child's treatment session.
5. No shoes in the gym! We strive to keep our gym as clean as possible. Please remove your shoes before entering the gym. Thank you!

I have read and agree to all the terms above.

Signature: _____ Date: _____

Printed Name: _____