

# SPEECH KIDZ

Date: 3/27/17

**Who:** Students ages 3-9, arranged into classes by age and need

**What:** Speech Kidz is a speech, language, and social skills summer enrichment program offered through Fort HealthCare. It is run by UW-Whitewater speech-language pathology graduate students, and supervised by a certified speech-language pathologist employed by Fort HealthCare.

Each week will feature a variety of activities connected by a theme. The content is designed to be fun while building vocabulary concepts and providing more opportunities for your child to talk with peers. The classes will revolve around a consistent routine, including language strategies, art, sensory exploration, movement, and songs. The children will work on speech and language skills, as well as cooperative play, listening, and team work.

**Where:** Fort HealthCare Therapy & Sport Center, 1504 Madison Avenue in Fort Atkinson

**When:** Two different sessions, each 3 weeks long, will be held at a cost of \$50 per session. Session I runs from June 12-June 29. Session II runs from July 10-July 27. Classes will be Monday-Thursday for 90 minutes. Further scheduling details will be determined by enrollment. A minimum of 2 students per class is required.

If you are interested in having your child participate in Speech Kidz, please sign up online at [FortHealthCare.com/Classes](http://FortHealthCare.com/Classes) in the Health Education & Training category. There will be a link to forms that need to be filled out and received by May 19, 2017. Forms should be emailed to [abigail.krueger@forthc.com](mailto:abigail.krueger@forthc.com), faxed to 920-568-6039, or mailed to:

Fort HealthCare Rehabilitation Services  
Attn: Abbie Krueger  
611 Sherman Avenue E  
Fort Atkinson, WI 53538

Registration forms must be received by May 19, 2017. With any questions, please call Abbie at 920-568-5292 or email [abigail.krueger@forthc.com](mailto:abigail.krueger@forthc.com)

Individual speech therapy sessions are also available for those who qualify. Please contact Kelly at 920-568-6528 for more information.

We look forward to working with your child!

Jen Hoover, Kelly Foster, Roxanne DePaul, and Abbie Krueger  
Fort HealthCare Speech-Language Pathologists

**Fort HealthCare**  
**Student Health Emergency Information**  
 (Information valid through August 1, 2017)

STUDENT NAME		DATE OF BIRTH	GRADE	SCHOOL
Parent/Guardian Name		Telephone Home	Cell phone	Telephone Work
Physician Name	Telephone	Dentist Name	Telephone	

Please indicate area of concern: \_\_\_\_\_Speech      \_\_\_\_\_Language      \_\_\_\_\_Social skills

Please indicate your preference: \_\_\_\_\_Morning      \_\_\_\_\_Afternoon

**Medical History: (check all those that apply):**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Other Health Conditions _____
<input type="checkbox"/> Attention Deficit Disorder (ADD, ADHD)	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Seizure/Epilepsy: Last Seizure _____	_____
<input type="checkbox"/> Mental Health (please specify): _____	_____
_____	_____
<input type="checkbox"/> Takes Prescription medication**: List: _____	<input type="checkbox"/> Surgery in last 12 months: List: _____
_____	_____

Does your child have severe or life threatening allergies?  Yes  No  
 (If yes, please check the appropriate box(s) and list what it is and the treatment for it)

Insect (Bee/Insect): \_\_\_\_\_

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

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

*\*When a Medication for an allergic reaction is required it is the responsibility of the parent to provide the medication (antihistamine or EPI-PEN) and the completed Administration of Medication form prior to administration of the medication.*

**Notice:** Fort HealthCare does not provide student accident insurance. Such insurance is the responsibility of the parent/guardian and/or student, as well as all medical/dental costs due to accidental injury. I hereby authorize Fort HealthCare employees to call for emergency assistance, which could require a doctor, dentist, and/or ambulance. The information on this form may be shared with appropriate staff.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_