

SPEECH KIDS

Date: 3/26/18

Who: Students ages 3-6, arranged into classes by age and diagnosis

What: Speech Kids is a speech, language, and social skills summer enrichment program offered through Fort HealthCare. It is run by certified speech-language pathologists and assisted by UW Whitewater undergraduate students.

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

When: One session, 3 weeks long, will be held at a cost of \$90. The session will run from July 9-July 26, 2018. Classes will be Monday/Wednesday or Tuesday/Thursday for 45 minutes, starting at 8:30 am, with the last class being offered at 1:30 pm. Further details pertaining to scheduling will be determined by enrollment. Class size will be limited to a maximum of 5, thus ensuring an individualized experience for your child. Children will be placed in classes based on age and need. We will make every attempt to accommodate your schedule as well.

Each week will feature a variety of activities connected by a theme. The curriculum 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.

If you are interested in having your child participate in Speech Kids, the registration information is below:

- To pay by credit card, sign up online at FortHealthCare.com/Classes in the Health Education & Training category. You also need to complete the attached form and email, fax or mail it to us.
- To pay by cash or check, complete the attached form and email, fax or mail it to us along with your payment.
- Fort HealthCare Rehabilitation Services
Attn: Abbie Krueger
611 Sherman Avenue E
Fort Atkinson, WI 53538
- Email: abigail.krueger@forthc.com (feel free to snap a picture of form and attach)
- Fax: 920-568-6039

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

Registration must be received by May 4, 2018. You will be notified via email by May 18th of your class day and time. With any questions, please call 920-568-5299 or email Abbie at abigail.krueger@forthc.com.

We look forward to working with your child!

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

CONFIDENTIAL

Fort HealthCare Student Health Emergency Information (Information valid through August 1, 2018)

STUDENT NAME

DATE OF BIRTH

AGE

Parent/Guardian Name

PHONE Cell

PHONE Work

Home Address

Email Address

Please indicate area of concern: _____ Speech _____ Language _____ Social skills

Please rank your top 3 preferred class times: ___ 8:30 ___ 9:30 ___ 10:30 ___ 12:30 ___ 1:30

**Classes will be formed on a first come, first served basis, based on receipt of form.*

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(es) 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 medical staff.

Parent/Guardian Signature _____ **Date** _____