



SPEECH KIDS

WHO: Students ages 3-9, 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 undergraduate students studying to become speech-language pathologists.

WHERE: Fort Healthcare Therapy & Sport Center, 1504 Madison Avenue in Fort Atkinson

WHEN: 8 sessions, over the course of 4 weeks, held at a cost of \$120. The session will run from July 8-August 1, 2019. 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 teamwork. Last year, sessions were structured around a book of the week, including *Pete the Cat* and *Chicka Chicka Boom Boom!*

If you are interested in having your child, participate in Speech Kids, you may sign up online at <https://www.forthhealthcare.com/class/speech-kids/> in the Health Education & Training category, or by filling out the attached form. Forms should be emailed to annie.loof@forthc.com, faxed to 920-568-6545, or mailed to:

Fort Healthcare Therapy and Sport Center
Attn: Annie Loof
1504 Madison Ave
Fort Atkinson, WI 53538

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 June 7, 2019. With any questions, please call Annie at 920-568-6528 or email annie.loof@forthc.com.

We look forward to working with your child!

Annie Loof, MS CCC-SLP and the Fort HealthCare Speech-Language Pathologists

Fort HealthCare
Student Health Emergency Information
 (Information valid through August 1, 2019)

STUDENT NAME _____ **DATE OF BIRTH** _____ **GRADE** _____ **SCHOOL** _____

Parent/Guardian Name _____ Telephone Home _____ Cell phone _____ Telephone Work _____

Physician Name _____ Telephone _____

Does your child currently receive speech/language services? Yes No

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**: _____ | <input type="checkbox"/> Surgery in last 12 months: List: _____ |
| 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 Health Care 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 school district 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 school staff.

Parent/Guardian Signature _____ **Date** _____