



Summer Program Registration 2021

Child's Name: _____ DOB: _____ Age: _____

Parent/Legal Guardian Name: _____

Address: _____

Primary phone: _____ Secondary phone: _____

Diagnosis : _____ 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 7-11, 2021 COST: \$190.00

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 14-18, 2021 COST: \$190.00

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: MONDAYS: JUNE 21 - JULY 26 COST: \$245.00

Ages 3-5 1:00 – 2:00 pm _____

CREATIVE KIDS & CRITTERS: TUESDAYS: JUNE 22 – JULY 27 COST: \$245.00

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

ADVENTURE CLUB: WEDNESDAYS: JUNE 23 – JULY 28 COST: \$245.00

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

FUN WITH FRIENDS: THURSDAYS: JUNE 24 – JULY 29 COST: \$245.00

Ages 7 -10 1:00-2:00 pm _____

REGISTRATION MUST BE ACCOMPANIED BY REQUIRED FORMS AND PAYMENT TO HOLD A SPOT FOR YOUR CHILD:

Forms may be downloaded from website, www.triangletherapyservices.com

Priority will be given to current TTS clients until May 1.

1. EMERGENCY MEDICAL 2. RELEASE FORM 3. CLIENT HISTORY

Please return to:

Triangle Therapy Services* 911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6505

[*jvogel@triangletherapyservices.com](mailto:jvogel@triangletherapyservices.com)



TRIANGLE THERAPY SERVICES - 2021 SUMMER PROGRAM DESCRIPTIONS

JUNE 7-11 (MON – FRI)

Ages 4-10

Tiny Talkers:

Co-Leaders: Michele Gething, CCC/SLP and Beth Pool, Educator

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 campers will have a 1X1 “buddy” that will support their participation)

JUNE 14-18 (MON – FRI)

Ages 4-10

Barn Buddies:

Co-Leaders: Stacey Creech, COTA/L and Sara Haynes, Recreational therapist

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 campers will have a 1X1 “buddy” that will support their participation)*

MONDAY: (6 WEEKS)

Ages 3-5

Power Up Preschoolers

Co-Leaders: Michele Gething, CCC/SLP Jodi Vogel, OTD, OTR/L Shannon Guiley, MPT

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)*

TUESDAY: (6 WEEKS)

Developmental age 5-10

Creative Kids & Critters

Co-leaders: Stacey Creech, COTA and Beth Pool, Educator/Choir director

Music and art provide so many amazing therapy opportunities. Painting, sculpting, crafts, singing, and musical instruments are a fun way to build fine motor and language skills. We invite you to create and sing, bringing out your inner artist. Our art projects will be inspired by our critters. *(Child must function without an aide)*

WEDNESDAY: (6 WEEKS)

Developmental age 5-10

Adventure Club

Co-Leaders: Shannon Guiley, MPT and Stacey Creech, COTA

Adventure 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)*

THURSDAY: (6 WEEKS)

Ages 7-10

Fun with Friends

Co-Leaders: Stacey Creech, COTA/L Michele Gething, CCC/SLP

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. *(Child must function without an aid)*



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



RELEASE FORMS

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 Benge 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 take 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, and Instagram 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 Benge 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 Benge family for the reasonable cost of repair, replacement, and/or loss of use of such property pending repair or replacement.

Parent/Legal Guardian

Date

Signature of



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: _____



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.



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Triangle Therapy Services, LLC (TTS) has put in place preventative measures to reduce the spread of COVID-19; however, **TTS cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending camps and summer programs** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending therapy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I have reviewed and agree to the preventive measures put in place by TTS as communicated by letter and posted. I can also request a copy of preventive measures. I understand that the risk of becoming exposed to or infected by COVID-19 at TTS may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TTS employees, volunteers, program participants and their families.

Parent/Guardian signature

Date

Client name



COVID-19 Guidelines

Triangle Therapy Services is excited to welcome families and summer program participants back in a safe, professional manner during the COVID-19 pandemic.

To keep the families, summer program participants, staff, and volunteers safe, Triangle Therapy Services will be following the below listed guidelines:

1. No families will be admitted into the office area. We ask family to stay in their cars and staff will pick up and take your child back to their car.
2. A required list of questions will be asked, along with taking your child's temperature, prior to attending camp/summer programs. It is TTS's right to refuse services if they feel that the child, staff, or public is at risk.
3. Each participant/staff will be asked to wash hands or use hand sanitizer at the beginning and end of camp/summer program.
4. Staff/volunteers will wear either a mask, a face shield, or possibly both. Gloves are available if a parent requests their use. For children that can tolerate a mask, we encourage them to wear one also.
5. Social distancing will be encouraged at all times, other than the direct client/staff interaction.
6. All toys/objects touched during camp/summer programs will be cleaned with a sanitizer spray or sanitized in a sanitizer unit using ultraviolet rays.

It is important to note that this is not and cannot be a sterile environment. There is no way to sanitize outdoor surfaces or the barn and this needs to be acceptable to families and participants to attend camps/summer programs.

Let's all work to Stay Safe Ohio together!

Triangle Therapy Staff