



Cancellation and No-Show Policy

Thank you for choosing Treehouse Pediatric Therapy, LLC (Wee Talk, LLC/ Wee CommunicATE LLC/ Sensational Play LLC/ Sensory Play LLC, and OT4ACHILD LLC). We recognize that from time to time situations arise and plans need to be changed due to situations beyond your control. This is a regularly scheduled appointment so please plan ahead to ensure that your child's therapy time is blocked off each week.

ATTENDANCE

Parents must keep 75% of scheduled therapy visits per month. Clients who drop below this attendance percentage for two consecutive months, risk having the frequency of therapy services reduced and/or being discharged from therapy services. This decision is at the therapist's discretion.

Guardian/Parent Signature _____

LATE ARRIVAL/EARLY DEPARTURE

Therapy sessions last 55 minutes unless predetermined by the therapist. If your child arrives late to therapy or needs to depart early from therapy, the scheduled therapy rate will be charged in full.

Guardian/Parent Signature _____

NO SHOW

If you need to cancel your appointment please notify your therapist/s immediately. If you do not notify your therapist/s via phone or email of a cancellation **24 hours prior** to your scheduled appointment, it will be considered a "no-show". If a "no-show" occurs, you will be billed \$50 for a missed clinic and teletherapy session and \$65 per hour for a missed off- site session. We ask that you please notify your therapist as soon as you know that your child is ill or that there is a family emergency. Therapy services can be terminated at the discretion of the therapist. Thank You.

Guardian/Parent Signature _____

CANCELLATION DUE TO ILLNESS

It is important that the parent/guardian and therapist be respectful of any health concerns as we have many medically fragile children attending Treehouse. Children with diarrhea, vomiting, contagious diseases, and/or temperatures should not be seen for therapy. Please notify your therapist as soon as possible if your child exhibits any of these symptoms and will not be attending therapy. *Your child should be symptom free for 24 hours before resuming therapy.*

Guardian/Parent Signature _____

INCLEMENT WEATHER/HOLIDAYS

In the event of inclement weather, please check our website and facebook for the most current updates regarding closings. We will not follow any particular school system's decision regarding opening and closing. Holidays will be posted in Treehouse, on the website, and facebook. Please let your individual therapist know if your family will be missing therapy due to a holiday and/or vacation. Please follow our regular cancellation policy for inclement weather and holidays unless noted by Treehouse Pediatric Therapy, LLC or your individual therapist.

Guardian/Parent Signature _____

I understand and agree with the cancellation and no-show policy as written.

Parent Signature

Date