

# Preschool Power 2017

A small social-intensive group program for children who are preschool-age. The focus is on developing classroom participation skills, effective communication skills, and appropriate peer interactions using circle time, supported play, movement activities, crafts, and a snack. The program is limited to six children per session. It is co-led by Kelly Jones, our Clinical Director of Speech Therapy and Andrew Klein, Occupational Therapist, with the assistance of graduate students and/or volunteers. We always have at least one therapist or volunteer for every two children.

This group will meet three mornings a week, for two hours each day. The sessions are offered in three-week blocks.

- GOALS INCLUDE:**
1. Encouraging use of age-appropriate language to communicate wants and needs.
  2. Improving ability to follow verbal directions.
  3. Encouraging appropriate social interactions in a small-group setting.
  4. Exploring sensory strategies that are useful in supporting behavioral organization.
  5. Improving engagement and attention for age-appropriate fine-motor and visual motor tasks.

## REGISTRATION INFORMATION

**WHEN:** Session one: June 13 – June 29  
Session two: July 11 – July 27  
Session three: August 1 – August 17

**DAYS:** Tuesday- Thursday                      **TIME:** 9:30am to 11:30am

**COST:** \$1,200 per 3-week session (The cost is about \$67/hr for combined speech and occupational therapy services!) *These services are billed as Occupational and/or Speech Therapy services and many parents receive partial reimbursement from their insurance companies.*

*To register, return the second page of this form with a \$500 deposit to secure a spot. Early registration is strongly encouraged as this program fills quickly.*

(If your child is not attending therapy sessions at Emerge, we will be in touch with you to set up a brief free screening to determine if this program is a good match for your child.)

**CHILDREN ARE WELCOMED AND ENCOURAGED TO ATTEND MORE THAN ONE SESSION.**

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## REGISTRATION FORM

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email Address: \_\_\_\_\_

My child is attending \_\_\_\_\_ (school) this year. N/A \_\_\_\_\_

My child will be attending \_\_\_\_\_ (school) in the fall.

### S/HE WILL ATTEND THE FOLLOWING SESSIONS:

SESSION ONE: \_\_\_\_\_ SESSION TWO: \_\_\_\_\_ SESSION THREE: \_\_\_\_\_

### DOES YOUR CHILD:

Attend therapy sessions at Emerge? *Yes / No* Receive services elsewhere? *Yes / No*

If so, where? \_\_\_\_\_ Please attach a copy of a recent report & goals.

Have any allergies? *Yes / No* Please List: \_\_\_\_\_

Have trouble communicating? *Yes / No* Comments: \_\_\_\_\_

Is your child toilet trained? *Yes / No* Comments: \_\_\_\_\_

**Please list your concerns about your child's communication, attention, coordination, sensory-processing and social skills, as well as your goals for the camp. Please share with us anything else that would be helpful in working with your child. (Feel free to use additional pages)**

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