



Special Education Resources, LLC
Children's Evaluation & Therapy Center
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SUMMER (2017) ENRICHMENT PROGRAMS
Toddlers' Talk (ToTs), Pencil Pals, Feeding Friends, Young Yogis, & Sociable Sidekicks

PARENT AGREEMENT
Spaces are Limited - First Come, First Serve!

DATE: ___/___/____ **PARTICIPANT'S NAME:** _____

STEP 1: REVIEW this **Children's Evaluation & Therapy Center (CETC)** *Parent Agreement* in its entirety.

STEP 2: CALL (240-245-4370) and speak with one of our Front Desk Team Members to discuss your child's needs and whether our summer program(s) are appropriate for him/her. If it is a good match for your child, then proceed to **Step 3**.

STEP 3: REGISTER your child at CETC by: a) Initialing each section of this *Parent Agreement*; b) Completing the application (*Summer Enrichment Program Registration Form*) and *Child Release Form*; and c) E-mailing or hand-delivering your completed forms.

SUMMER ENRICHMENT PROGRAM SESSION DATES (*Excluding Sundays*):

SUMMER SATURDAY PROGRAMS		
Program	Session Meeting Dates	Times
Saturday Session I: Pencil Pals	June 3, June 10, June 17, June 24, July 1, & July 8	9:30 am-11:00 am
Saturday Session I: TOTs	June 3, June 10, June 17, June 24, July 1, & July 8	12:00 PM-1:30 pm

SUMMER WEEKDAY PROGRAMS		
Program	Session Meeting Dates	Times
Session II: ToTs	June 27 (Tuesday) - June 30 (Friday)	10:00am-11:30am
Session II: Pencil Pals	June 27 (Tuesday) - June 30 (Friday)	12:30pm-2:00pm
Session I: Sociable Sidekicks	July 11 (Tuesday) - July 14 (Friday)	10:00 am-11:30 am
Session I: Feeding Friends	July 11 (Tuesday) - July 14 (Friday)	12:30-pm-2:00pm
Session I: Young Yogis (3-5 y/o) (Monday)	June 26, July 3, July 10, July 17, July 24, & July 31	3:00pm-4:30pm
Session II: Young Yogis (6-10 y/o) (Wednesday)	June 28, July 5, July 12, July 19, July 26, & August 2	3:00pm-4:30pm

PARTICIPANT AGES

Program	Ages
<i>Toddler's Talk</i>	2-3 years old
<i>Pencil Pals/Feeding Friends</i>	4-6 years old
<i>Sociable Sidekicks</i>	6-10 years old
<i>Young Yogis</i>	3-9 years old

DATE: ___/___/_____

PARTICIPANT'S NAME: _____

Eligibility & Attendance Requirements: To attend, your child must be:

- ✓ Free of serious medical conditions or conditions that require special care or administration of medication during the scheduled group session (Medication **will not** be administered under any circumstances.)
- ✓ Free of behavioral problems that require 1:1 assistance or frequent attention or care
- ✓ Able to sit independently and attend for brief periods of time
- ✓ Easily re-directed
- ✓ Potty-trained (*Preferred for all ages*)
- ✓ Able to walk independently
- ✓ Able to eat a single snack and drink independently (except *Feeding Friends*)
- ✓ Free of colds or illness when attending group meetings

_____ (*Parent Initials*) I have read and understand the eligibility and attendance requirements and agree to comply with them. I understand that if I register my child, and s/he does not meet these requirements, then I agree to withdraw my child from the program as requested by CETC's Clinical Director (or authorized designee).

_____ (*Parent Initials*) Drop-off & Pickup Time: Because childcare is not available, all participants must be: dropped off exactly at the start time of the program (i.e., 9:30) and not before and picked up promptly at the groups end time (i.e., 11:00). Parents must complete a *Child Release Form* so that participants are **only** released to authorized individuals. Parents who pick up participants after the designated time will be required to pay a \$5.00 per minute late fee.

_____ (*Parent Initials*) I have read and understand the pickup requirements and agree to comply with them. I understand and agree that if I, or the individual designated to drop-off and pickup my child is late that I will pay \$5.00 per minute late fee.

Snack: All participants must bring a snack **packed in a lunchbox or lunch bag and labelled** with your child's name on it. For **sanitation reasons, snacks must be packed** as stated and not handed to our staff. Snacks may consist of the following: (**Does not apply to Feeding Friends**)

- one daily single snack (e.g., banana, chips, cookie, pretzels);
- one drink (e.g., pre-packaged juice or water) properly packaged (**Do not bring small meals or food that your child cannot eat independently or that requires microwave/heating or refrigeration.**)

Clothing Guidelines & Requirements: All participants must properly label (with child's name) and bring the following:

- a backpack;
- one (1) set of shirt and shorts for change of clothes that must be properly labelled with your child's name.

Two (2) and three (3) year old participants who are not completely potty-trained must include in their backpack the following:

- enough wipes for diaper changes for the duration of each session
- enough "pull-up" diapers for each day (Only "pull-ups" are permitted)

Your child should not bring personal items or toys to the Center. By initialing and signing below, you agree that CETC is not responsible for lost or damaged items or clothing.

_____ (*Parent Initials*) I have read and understand the snack and clothing requirements and agree to comply with them.

Does your child have any food allergies? Please circle either "Yes" or "No" below.

(*Parent Initials*) _____ Yes/No

Yes - If "Yes," then please list all foods to which your child has allergies:

(Parent Initials) _____ I hereby indemnify and hold harmless CETC and its owners, agents and employees against any and all liability for any and all injuries to my child arising from or related to the items listed on this form for which I have provided my authorization.



CHILD RELEASE FORM

Children's Evaluation & Therapy Center takes seriously the safety and security of each of the children that it serves. Accordingly, we ask that each Parent review, complete, and as necessary update, this *Child Release Form*.

I _____, authorize **Children's Evaluation & Therapy Center**, to
(Parent/Legal Guardian Print Full Name)

release my Child _____, Date of Birth _____
(Print Child's Full Name)

to the following individuals. I understand that my Child will and can only be released to these individuals if I have provided advance verbal and written consent to **Children's Evaluation & Therapy Center**. I further understand that the individuals listed below must be at least **18 years of age** and upon arrival, must present an appropriate, official picture identification (e.g., driver's license) before my child will be released to them. Finally, I understand that I may update this list by updating (in writing) this Form as necessary.

My Child may only be released to the following individuals:

Print Name

Print Name

Print Name

RELEASE AUTHORIZED BY:

Parent/Legal Guardian - Print Name

Parent/Legal Guardian - Signature

Date