



568 Communipaw Avenue  
Jersey City, NJ 07304  
T: (201)309.0198  
LM4SDJC@gmail.com  
www.LM4SD.com

**Please Note:** So that we may maintain the most up to date and accurate information on our patients, in addition to the face sheet presented to you at every visit, we will request that you review and update this form at least once a year.

DATE: \_\_\_\_\_

## CHILD'S INFORMATION

Child's Full Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: ☐ M ☐ F Siblings Names: \_\_\_\_\_

Parent / Legal Guardian Name: (Mr./Mrs./Ms./Miss) Name \_\_\_\_\_ DOB \_\_\_\_\_

Preferred Language: English \_\_\_\_\_ Spanish \_\_\_\_\_ Arabic \_\_\_\_\_ Other \_\_\_\_\_

Do your child have any impairments, communication difficulties/ special needs?      Hearing Deficits/Loss      Vision Deficits/ Blindness      Speech Delays      Sensory Concerns      Other Behaviors

If yes, please list: \_\_\_\_\_

Does your child have any allergies? If Yes, please list: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

Best Contact Method: ☐ Home ☐ Cell ☐ Work ☐ E-Mail ☐ Mail By checking one of the boxes for Best Contact Method, I agree to receiving correspondence from LM4SD

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Student ☐ Disabled ☐ Retired Employer/School: \_\_\_\_\_

## FINANCIALLY RESPONSIBLE PARTY



**Same as Parent/Guardian Information** (If different, please complete section below)

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Relationship: Spouse    Parent    Guardian    Other (Please Specify): \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

Employer: \_\_\_\_\_

## EMERGENCY NOTIFICATION

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Continue to the Back of this Page**

REFERRAL SOURCE

- ☐ Friend/Family Member ☐ Insurance Company ☐ Walk-in ☐ JC Moms ☐ Early Intervention ☐ Instagram ☐ Facebook
- ☐ Therapist \_\_\_\_\_ ☐ Teacher \_\_\_\_\_ ☐ Friend \_\_\_\_\_ ☐ Google Web Search ☐ Website
- ☐ Event ☐ Physician/Provider \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ Other \_\_\_\_\_
- ☐ Other Advertisement \_\_\_\_\_

Please fill out this registration form and confirm with a 50% payment deposit to secure your child's space in our program.

- ☐ Venmo: LM4SDJC ☐ Cash
- ☐ Zelle: LM4SDJC@gmail.com

PLEASE CHOOSE DROP OFF DATES & TIMES:

- ☐ Mondays (9:00am-12:00pm) ☐ Age 2 years old / ☐ Age 2 (with language, motor, and/or social delays)
- ☐ Tuesdays (9:00am-12:00pm) ☐ Age 3 years old / ☐ Age 3 (with language, motor, and/or social delays)
- ☐ Wednesdays (9:00am-12:00pm) ☐ Age 4 years old / ☐ Age 4 (with language, motor, and/or social delays)
- ☐ Thursdays (9:00am-12:00pm)
- ☐ Fridays (9:00am-12:00pm)

TELL US A LITTLE ABOUT YOUR CHILD:

Likes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dislikes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



568 Communipaw Avenue  
Jersey City, NJ 07304  
T: (201)309.0198  
LM4SDJC@gmail.com  
www.LM4SD.com

**\*\*PLEASE KEEP THIS FORM FOR YOUR REFERENCE\*\***

LM4SD's Drop Off Schedule is intended to work on a foundational skill set for children ages 2-4 years old in an effort to prepare them for preschool and enhance skills of development. Our program is designed to be immersive and comprehensive, created and supervised by an Occupational and/or Developmental Therapist. We base our program on six main areas of development: Adaptive, Cognitive, Personal Social, Gross Motor, Fine Motor, and Speech and Language. We strive to work on all six areas in each and every drop off class. Please keep in mind that our classes are kept small in size in order to give your child the attention they deserve, create the perfect opportunity to form first friendships, and allow them to develop skills needed for preschool.

**DROP OFF LIST OF ESSENTIALS:**

*\*Name Labeled Bag Containing:*

- ☐ Snack Provided from Home (\*be sure to let us know of any allergies\*)
- ☐ Water Bottle
- ☐ One Change of Clothing
- ☐ Diapering Essentials if needed

**DROP OFF SCHEDULE: *\*subject to change***

- ☐ 9:00am – 9:30am Social Meet and Greet/ Emotional Intelligence + Fine Motor Skills including taking off shoes/socks, structured fine motor play with manipulatives at a table top).
- ☐ 9:30am- 10:00am Gross Motor Skills + Open Play (Practice climbing sensory gym, rock climbing wall, tunnel, slide, using a scooter, balance beams, etc.)
- ☐ 10:00am-10:30am Dance/Movement/Sensory (Instruments, Music, Imitation, Attention, Mediums/Textures, Sensory Boards)
- ☐ 10:30am-11:00am Cognitive Play (Problem Solving, Puzzles, Ring Stackers, Sorters, Flash Cards) + Art Project
- ☐ 11:00am – 11:30am Open Play/Bathroom/Potty Time/ Adaptive Skills (Including practicing dressing, self-awareness, mirror play)
- ☐ 11:30am – 12:00am Speech, Snack Time, and Goodbyes (Turn Taking, Sharing, Self-Feeding, Using Pronouns, etc.)