



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)

PACKAGE DISCOUNT OPTIONS:

- A la Carte/ Pay Per 2 sessions = \$150/week
- 10 Sessions/ 5 weeks (2.5% discount) = \$731.25
- 16 Sessions/ 8 weeks (5% discount) = \$1140.00
- 20 Sessions/ 10 weeks (10% discount) = \$1,350.00

TELL US A LITTLE ABOUT YOUR CHILD:

Likes: _____

Dislikes _____

Concerns: _____

Goals: _____



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****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.)