



# Social Thinking

**Kidswork Therapy  
Center**

**Lewisburg PA  
570-524-6060**

## Registration Form

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Child's First and Last Name                      Date of Birth                      Age                      Grade in Fall of 2017

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Parent/Guardian Name                      email address

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Home phone number                      cell phone number

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Home address                      City                      State                      Zip

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Does your child have any allergies that we need to be aware of?

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Does your child have any precautions/physical limitations that we need to be aware of?

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Does your child have any food restrictions?

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Does your child receive Speech Therapy Services at this time? \_\_\_\_\_ and If so, where:

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**Release to photograph, film or record vocally for publicity purposes.**

I hereby grant to Kidswork Therapy Center the right and authority to photograph, film and/or record vocally:

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Child's First and Last Name

Date of Birth

These records may be used for promotional or publicity purposes and may be published in mass media publications, on the Kidswork Therapy Center's facebook page or website or shown on television or movie presentations. The patient's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

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Signature (parent or legal guardian)

Phone Number

Date

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Office use:

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Registration received on: \_\_\_\_\_ With deposit of \$25.00

Paid in full \$225

Payment due