

## Registration

### To register

- Complete and mail registration form with payment to:  
**Kenny Kids Pediatric Rehabilitation**  
3111 - 124<sup>th</sup> Avenue NW  
Coon Rapids, MN 55433
- Make check payable to **Mercy Hospital**, submit one check for each individual class
- Class size is limited to 6-8 children per group. Registrations are processed in the order they are received. Full payment must be received with completed Registration Form for child to be enrolled.
- Call 763-236-7337 with questions regarding registration. **(Note: Registration Deadline of May 29, 2009)**
- **Registration cost includes T-shirt** (be sure to indicate size).

### Cancellation/Refunds

We reserve the right to cancel any class not meeting minimum enrollment requirements. If we cancel your class, we will notify you and refund your registration fee in full.

If you need to cancel your registration for any reason, we will refund the full registration fee if your cancellation is received in writing before the first date of class. No refunds will be issued if your cancellation is received after this time.



## Registration Form :

Registration deadline is **May 29, 2009** for all classes

Class Title	Dates	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total enclosed: \_\_\_\_\_

Check enclosed made payable to **Mercy Hospital**; submit one check for each individual class

Child's Name \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Telephone [H] \_\_\_\_\_  
[W] \_\_\_\_\_  
[C] \_\_\_\_\_

Emergency Contact  
Name \_\_\_\_\_  
Phone \_\_\_\_\_

T-Shirt Order:  **S** (6-8)  
 **M** (8-10)  
 **L** (12-14)

How did you hear about the class? \_\_\_\_\_  
\_\_\_\_\_

Are there any classes you would like to see offered in the future? \_\_\_\_\_  
\_\_\_\_\_

I would like to receive mailings on future class schedules.

I would like to receive e-mail notification of future classes  
E-mail \_\_\_\_\_

## Medical History

Pediatrician \_\_\_\_\_  
Medical diagnosis \_\_\_\_\_  
Medications \_\_\_\_\_  
Surgeries \_\_\_\_\_  
Dietary Restrictions/Allergies \_\_\_\_\_  
Special Needs \_\_\_\_\_  
Does your child wear:  
 Glasses  Hearing aids

## Education

School \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_  
District \_\_\_\_\_  
Has your child received any of the following?  
(if yes, please describe)

### Yes No

Educational testing (school or private)  
Results: \_\_\_\_\_  
\_\_\_\_\_

Special services at school (education/tutoring) \_\_\_\_\_  
\_\_\_\_\_

OT, PT, Speech-Language Pathology or related services? \_\_\_\_\_

Does your child prefer:  Printing  Cursive  
Hand dominance:  Left  Right  
What style of writing does your school use?  
 Zaner Bloser  
 D'Nealian  
 Other \_\_\_\_\_

## Development/Behavior

Method of communication:  
 Verbal  Visual  Augmentative

Relevant developmental history  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Methods used to motivate/calm your child  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What social skills are you currently targeting at home/school? \_\_\_\_\_  
\_\_\_\_\_

What would you like to see your child achieve by participation in this group? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know regarding program planning for you child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_