

## ABC Therapy Solutions Summer 2020 Therapy Registration

<b>Child's Name:</b>	<b>Parent/Guardian:</b>
<b>Date of Birth:</b>	<b>Cell:</b>
<b>Street Address:</b>	<b>Email Address:</b>
<b>Emergency Contact Name:</b>	<b>Emergency Contact Number:</b>

### Health History

<b>Medical Condition</b>	<b>Medications:</b>	<b>Allergies:</b>
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Summer Program Interest( To fill box, highlight box and change color):

Therapy in person

Teletherapy via Computer

### Area of interest:

Speech Therapy

Reading

Both