



# Play on Words Therapy, LLC

## INTAKE INFORMATION AND REGISTRATION FORM

Thank you for your interest in Play on Word Therapy's *Summer PoW-Wow* sessions! Please complete all information regarding your child. Feel free to attach any relevant information, including evaluation reports, to this intake form.

**Child's Name**

**Date of Birth**

**Gender**  Male  Female

**Primary Language**

**Parent/Guardian Name**

**E-mail Address**

**Phone Number**

**Text Capability**  Yes  No

**Home Address**

**Parent/Guardian Name**

**E-mail Address**

**Phone Number**

**Text Capability**  Yes  No

**Home Address**

**Allergies** (please list)

**EpiPen**  Yes  No

**Seizure History**  Yes  No

**Medications** (please list name, dosage, frequency)

**Dietary Restrictions** (please list)

**Emergency Contact Name**

**Phone Number**

**Relationship**

**Authorize Pickup**  Yes  No



# Play on Words Therapy, LLC

Diagnoses/Concerns/Areas of Need

Has the child had a/an previous speech, language, or AAC evaluation or treatment?  Yes  No By whom: \_\_\_\_\_ When: \_\_\_\_\_

Current School Program

IEP  Yes  No (attach if yes)

How did you hear about Play on Words Therapy, LLC?

Pertinent Developmental History (please describe)

Additional Information (areas of interest, community activities additional therapies, favorite items, behavior plan, etc.)



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## WINTER POW-WOW REGISTRATION

**National Wesleyan Church**  
6324 Riggs Road  
Hyattsville, MD 20783

**July 9 to August 17**  
1:30pm to 4:30pm

Check intended dates of enrollment, subject to approval based on availability.  
\$275/week (except Session 1)

- |   |              |
|---|--------------|
| <input type="checkbox"/> <b>Session 1</b> July 9 – July 13 (no session 7/11/18) | <b>\$220</b> |
| <input type="checkbox"/> <b>Session 2</b> July 16 – July 20                     | <b>\$275</b> |
| <input type="checkbox"/> <b>Session 3</b> July 23 – July 27                     | <b>\$275</b> |
| <input type="checkbox"/> <b>Session 4</b> July 30 – August 3                    | <b>\$275</b> |
| <input type="checkbox"/> <b>Session 5</b> August 6 – August 10                  | <b>\$275</b> |
| <input type="checkbox"/> <b>Session 6</b> August 13 – August 17                 | <b>\$275</b> |

*15% discount if you sign up for 3 or more sessions!*

## PAYMENT POLICIES AND PROCEDURES

Payment methods accepted: Credit Card (Visa, MasterCard, American Express, Discover) or check. Credit card payments may be made by submitting information on the following pages or through Square Credit Card Processing. Make checks payable to Play on Words Therapy, LLC. All returned checks will incur a \$30 service fee.

Checks and complete registration forms can be mailed to:

*Play on Words Therapy, LLC  
17533 Redland Rd  
P.O. Box 5791  
Derwood, MD 20855-0791*

Or sent to: [christinaslp@playonwordstherapyllc.com](mailto:christinaslp@playonwordstherapyllc.com)

Credit card payments made through Square Credit Card Processing with attached authorization form.

Interested families are highly encouraged to register as soon as possible to ensure availability, as registrations will be considered on a first-come, first-served basis. Entire balance must be paid or payment plan must be established and agreed upon prior to the first day of the session. If you are unable to pay the entire balance of your payment plan prior to the start of the session or fail to



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establish a payment plan prior to the start of the session, your child will not be accepted and all payments made will be refunded. Refunds will not be given for any other reason, including, but not limited to, illness, vacation, or schedule conflicts. Children who may require 1:1 assistance will be determined before the start of summer program and additional charges may apply for such accommodations.

### AGREEMENT

*I acknowledge and accept full and complete responsibility for payment of all services rendered to my child by Play on Words Therapy, LLC. I acknowledge that I have received written explanation of the fee schedule and policies/procedures. I understand that health insurance policies are an arrangement between my insurance company and myself, that all services rendered to my child are charged directly to me, and that I am personally responsible for payment. I understand that Play on Words Therapy, LLC will assist me in completing forms to aid in collecting insurance benefits only for services that are billable by Play on Words Therapy, LLC.*

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**Signature of Parent/Guardian**

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**Date**



# Play on Words Therapy, LLC

## Authorization for Credit Card Use

By signing this form you give Play on Words Therapy, LLC permission to debit your account for the amount indicated on or after the indicated date. This is permission for current services as outlined in this agreement, and does not provide authorization for unrelated debits or credits to your account.

**Name on Card**

**Billing Address**

**Credit Card Type**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Visa       | <input type="checkbox"/> Discover         |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> FSA        | <input type="checkbox"/> Other            |

**Credit Card Number**

**Expiration Date**                      **Card Identification Number (3 digits on back of card)**

I, \_\_\_\_\_ (parent/guardian initials) authorize Play on Words Therapy, LLC to charge fees rendered for therapy services to the credit card provided herein.

I understand that the provided credit card will be charged for services rendered prior to the Winter PoW-Wow and that I will receive an invoice as a receipt of payment.

**Cardholder, please sign and date below.**

**Print Name**

**Signature**

**Date**

### Credit Card Authorization

I authorize Play on Words Therapy, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for therapy services, for the amount invoiced by the practice, and is valid for Winter PoW-Wow services. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.