



Kids Connection, Inc. has an effective preschool program that provides educational services to children with developmental needs.

CONNECTIONS (Ages 3-5): This class was developed for children who benefit from a smaller class size, higher teacher to student ratio and more structured teaching techniques. All this reinforcement is in one place for our students diagnosed with autism, speech/language delays, auditory processing or regulation difficulties. This part-day inclusive program will not only meet the educational needs of your child but also offer a team approach while catering to the needs of each learning challenge.

For most of our special students, unstructured time does not create a fulfilling environment. The Connections program will create a structured, semi-inclusive environment to meet both the physical and cognitive challenges of your child. We will replicate a school environment to include integration with other peers during motor groups, centers and/or story time. Students will do group work with preschool teachers, and the therapist to develop communication skills, motor skills, self-help skills and social skills.

This program includes the services of an Occupational Therapist, Developmental Therapist and Music Therapist.

CLASS SCHEDULE:

- 60-90 minutes Gym w/ OT & MT & DT
- 20 minutes Welcome circle and circle time w/ OT & MT & DT
- 15 minutes Snack/Quiet Book Time
- 30 minutes Centers
- 25 minutes Free Choice & Closing Circle



FEES:

Program	Price monthly	Price per 2.5 hr. day	Price per hour
Connections	200.00*	50.00	20.00
Learning Partner	120.00*	30.00	12.00

- * Price based on a 4 week month/2.5 hr. class - refer to the Connections Calendar for weeks billed per month as they may vary.
- Full payment due by the 25th of each month - NO refunds for missed days.
- Kids Connection, Inc. does NOT submit to insurance companies as we are not providing reasonable or necessary medical services, and the educational services we provide do not require the performance or supervision of a therapist even if they are performed or supervised by one.

LEARNING PARTNER: If your child needs extra support from a teaching assistant, we can provide a Learning Partner in any of our programs for 2s, 3s, 4s and 5s.



MEET THE THERAPY CONSULTANTS

**Connect The Dots Therapy, PC
Occupational Therapist
Mandi Fahey, M.S., OTR/L**

Mandi earned a Bachelor of Arts degree in Psychology from Purdue University and a Master of Science degree in Occupational Therapy from The University of Indianapolis.

She is a licensed Occupational Therapist and a credentialed Early Intervention Specialist through the state of Illinois. Mandi has been serving children since 2003 in both home and school settings. Mandi is a mother of three and enjoys working in collaboration with families and team members. She has experience working with a variety of diagnoses including but not limited to: developmental delays, sensory processing disorder, behavior difficulties, Down's syndrome, cerebral palsy, and autism spectrum disorder (ASD).

Mandi has over 50 hours of continuing education from the Illinois Autism/PDD Training and Technical Assistance Project (IATTAP). She is trained in Pediatric Neurodevelopment Treatment (NDT), the Kavar Oculo-Vestibular Protocol (Astronaut Training), visual-motor skills assessment and treatment, sensory integration, Therapeutic Listening, Interactive Metronome and typical and atypical development of the hand. Mandi truly enjoys being a therapist and learning from every child.

For more information visit www.sayittherapy.com

**Breakthrough Therapy Services
Music Therapist/Developmental Therapist
Stacey Rhodes, MTBC, DT**

Stacey Rhodes is a board certified music therapist and founder of Breakthrough Therapy Services. As a former graduate of Illinois State University's Music Therapy program, Stacey specializes in working with families having a loved one with special needs.

Since 2005 Stacey has worked with people of all ages and abilities to improve their cognitive, physical and mental health through the powerful use of music. Stacey provides group and individual music therapy in a variety of settings, such as: schools, clinics, homes, and other community locations. She is also a Developmental Therapist for Illinois Early Intervention. Stacey is not only a ingenuitive therapist in her field; she is a program developer, trainer, consultant, advocate, and team therapy collaborator who works to integrate her work into a client's global therapy program.

Most importantly, Stacey believes fully EVERY INDIVIDUAL HAS UNLIMITED POTENTIAL and she strives to provide Breakthrough Therapy Services to each individual she works with.

For more information about Stacey and her services, visit <http://www.breakthroughtherapy.weebly.com>



REGISTRATION FORM

Enrollment is open to individuals of any race, color, sex, religion, nationality or ethnic origin. Kids Connection, Inc. will accommodate any individual regardless of physical or mental ability as best as possible, unless special accommodations would pose an undue hardship on Kids Connection, Inc. Toilet learning is *not* required for admission into the preschool/camp/enrichment programs. *Join anytime - we will prorate class fees.*

Complete the Enrollment Checklist requiring documentation of physical exam and various signed forms is required by DCFS. **All information must be submitted before the first day of class. This information will be maintained on file for future program enrollment. Please contact office staff if you need registration forms.**

PROGRAM: Please check the program(s) of choice:

Connections weekly program (list day/s of week) _____

Learning Partner assistance in preschool class

PARENT/GUARDIAN: EMAIL: _____

Mother's/Guardian Name: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Occupation: _____

Father's/Guardian Name: _____ Marital Status: _____

Address (if different than child's): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Occupation: _____

MEDICAL:

Family Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS: (Located within 25 min. of center; only if parent/guardian not available):

Name/Relation: _____ City/State: _____ Phone: _____

Name/Relation: _____ City/State: _____ Phone: _____

ALTERNATE PICK-UP: (Person which has your permission to pick-up your child(ren). Use the Special Pick-Up form for one-time pick-up needs. See teacher for form.):

Name: _____ City/State: _____ Phone: _____

Name: _____ City/State: _____ Phone: _____

Name: _____ City/State: _____ Phone: _____



REGISTRATION FORM

AGREEMENT/WAIVER AND RELEASE:

In consideration for being permitted by Kids Connection, Inc. to participate in programs, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue to my child(ren) enrolled, as a result of participation in said activities. It is understood that these activities involve an element of risk of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental/Guardian Consent: (To be completed and signed by parent/guardian)

I hereby consent that all participants enrolled on this form participate in Kids Connection, Inc. and Say It Therapy, Inc. activities and I hereby execute the above AGREEMENT/WAIVER AND RELEASE on their behalf. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activities.

Signature Parent/Guardian: _____

Printed: _____ Date: _____

PAYMENT:

Please fill out the following for payment. Visa/MasterCard/Discover/AMEX/Debit cards are all acceptable forms of payment. If you would like to pay with cash or check please contact the Kids Connection office for assistance. Kids Connection, Inc. *will not* submit to insurance companies.

Student Name: _____

Program Name: _____

Please use my card for monthly for the Connections class. Payments processed the 25th of each month.

Please use my credit/debit card for a Learning Partner and the preschool program enrolled in with the Partner. Payments processed the 25th of each month.

Circle One: Discover Visa MasterCard AMEX

Card # _____ - _____ - _____ - _____

Expiration: MM/YY _____ Zip Code: _____ 3-digit code: _____

Name on card: _____

Signature: _____



REGISTRATION FORM

Prescription Request

Greetings Dr. _____:

Your patient is requesting to participate in the Connections Class at Kids Connection, Inc. Preschool. Connection is a specialized preschool class that incorporates occupational therapy consultation to work on social skills, play skills and motor skills. A licensed occupational therapist will consult, educate, and monitor non-medical preschool services. A physician's order is being requested in case hands-on assistance from a therapist is needed to support your patient's development in this program

Please complete the attached prescription form and return to fax # 630-513-8343.

Thank you for your time and cooperation.

Sincerely,

Kids Connection Preschool, Inc
Renee Gust, Director
Phone: 630-587-9400
www.kidsconnection.info

&

Connect The Dots Therapy, PC
Carrie Kranz, OTR/L
Phone: 630-399-2244
www.sayittherapy.com



REGISTRATION FORM

Therapy Services Release

Client: _____ Parent: _____
 Birthdate: _____ Address: _____
 Phone: _____ City/Zip: _____

Parent:

In order to facilitate communication between the preschool staff, therapy consultants and primary care physician, your written consent is required. Please fill in the following information in the blanks below:

Primary Treating Physician: _____
 Medical Practice/Clinic: _____
 Address: _____ City: _____
 Phone: _____ Fax: _____
 Other Physicians/Agencies: Kids Connection, Inc. Teachers & Staff
OTs – Connect The Dots Therapy, PC
STs – Say It Therapy Services, Inc.
MTBC, DT – Breakthrough Therapy Services

This release is effective for one year from the date signed. Consent may be revoked at any time, provided such revocation is in writing and signed by the person who gave the consent, and witnessed.

Date

Parent/Guardian Signature

Prescription Request

Doctor:

Your patient is requesting to participate in the Connections Program – A specialized preschool class that incorporates occupational therapy consultation to work on social skills, play skills and motor skills. A licensed occupational therapist will consult, educate, and monitor non-medical preschool services. A physician’s order is being requested in case hands-on assistance from a therapist is needed to support your patient’s development in this program. This order will be valid one year from the physician signature date. Please return to Fax # 630-513-8343.

PHYSICIAN: Please complete the items below if applicable:

Medical Diagnosis and/or Description of Disability: _____
 Current Medication: _____
 Precautions or Contraindications: _____
 Adaptive Equipment (e.g. splints, braces, assistive devices): _____
 Additional Comments: _____

Date

Physician Signature



REGISTRATION FORM

CONNECTIONS CALENDAR

2011-2012

SEPTEMBER, 2011(1)
28TH First day of class

OCTOBER, 2011 (4)
5th, 12th, 19th, 26th

NOVEMBER, 2011(4)
2nd, 9th, 16th, **23rd-NO class**, 30th

DECEMBER, 2011(3)
7th, 14th, 21st, **28th-NO class**

JANUARY, 2012 (4)
4th, 11th, 18th, 25th

FEBRUARY, 2012 (5)
1st, 8th, 15th, 22nd, 29th

MARCH, 2012 (3)
7th, 14th, 21st, **28th-NO class**

APRIL, 2012 (4)
4th, 11th, 18th, 25th

MAY, 2012 (4)
2nd, 9th, 16th, 23rd-**LAST DAY**

SUMMER, 2012

WATCH FOR SUMMER PROGRAM DETAILS!

- **CLASSES MEET EVERY WEDNESDAY UNLESS OTHERWISE INDICATED ABOVE OR UNEXPECTED CANCELTION.**
- **REFUNDS NOT GIVEN FOR SICK/VACATION DAYS.**
- **BILLING REFLECTS ONLY DAYS IN THE MONTH FOR CONNECTIONS CLASSES.**
- **Full payment due by the 25th of each month for the following month.**
- **Kids Connection, Inc. does *not* submit to insurance companies**