



**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**



**LITTLE CORNER ACADEMY  
2023-2024**

**APPLICATION/REGISTRATION  
AND  
CONTRACT PACKET**



## **LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

Dear Families,

It is hard to believe that we are entering year number 7 of our Little Corner Academy early learning program at the Learning and Therapy Corner! **Our first day of LCA will be Monday, August 28<sup>th</sup>, 2023!** We will continue offering two morning classes with Mrs. Erin as the lead teacher in our second classroom along with Ms. Shanet and Mrs. Shanae and I will continue to work together in our additional classroom. We will also continue to have Mrs. Trish as an additional adult to assist between the two rooms!

We will continue to use *The Creative Curriculum* which will help your child develop in all academic and social/emotional areas! This curriculum is proven to increase kindergarten readiness, is inclusive in supporting all children, and best of all, it is aligned to ALL state early learning guidelines. You can find more information about the curriculum on our website: [www.littlecorneracademy.com](http://www.littlecorneracademy.com)

We are thrilled to continue offering our extended day program this upcoming year. We will be offering families the choice of Little Corner Academy daily until 12:00pm or 1:00pm. You can find these options on the registration page of the contract.

As you know, Learning and Therapy Corner is dedicated to providing quality services/programs to the Baltimore community. Our services are developed and delivered by highly qualified professionals working to build strong foundations for progress and future success. We have been proud to be able to keep our rates consistent for six years now, but due to the increase of rent, supplies, labor costs, and therapeutic rates, it is now necessary to increase our Little Corner Academy rate. Beginning this 2023-2024 program year, we will be increasing our rate from \$75 to \$80. Although the cost of a highly specialized and cutting edge program such as the Little Corner Academy comes at a considerable expense, we remain committed to making every effort to make the program affordable to all families. If the program fee is a concern, **please** speak with Megan Lekas about options to help with the overall cost.

If you have any concerns or questions, please feel free to call us at 410-583-5765 or by email. We appreciate your interest and are excited to take this journey in your child's growth and development together!

Sincerely,

Kristen Gordon, M.Ed.  
Little Corner Academy Director  
kgordon@LTCorner.com

Megan Lekas, M.S., CCC-SLP  
Learning and Therapy Corner, Owner  
mlekas@LTCorner.com



## LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form

### Program Fee Contract

- A ***non-refundable deposit*** of one month's program is due with the submission of this contract to reserve your child's spot in LCA. This deposit is **non-refundable** and will be applied to your child's final month of enrollment in the program and/or is forfeited if he/she does not finish out the program.
- There is no discount, refund, or other allowance for absence, program closures, illness, vacations, or any other reasons. If your child does not attend one day, we are not able to offer makeup sessions due to enrollment numbers.
- A **minimum of 2 weeks written withdrawal notice must be provided to LCA**. Program fees will remain in effect through the last day of attendance in accordance with the written withdrawal notification. **The deposit that was paid prior to the start of the program is non-refundable.**
- If a check is returned for insufficient funds/closed account a \$25 fee will be assessed in addition to the amount due.
- Credit cards can be processed through PayPal. A PayPal invoice must be *requested* and there is a *4% check out fee* added to all PayPal invoices.

**PROGRAM PAYMENTS:** Payments (\$80 a day) are to be delivered or made to Learning and Therapy Corner ATTN: LCA on the dates noted on the program fee plan depending on the Program Payment Plan chosen. **Checks are made payable to: Learning and Therapy Corner.** Please write your child's name and LCA on the memo line of the check. We are also able to take Zelle payments. Please ask us for more information.

**PAYMENT DEADLINES:** Once your non-refundable deposit is received and application accepted, your child is guaranteed a spot in the program. **The deposit to hold your child's spot is due by AUGUST 15, 2023.** All program payments are due the 1<sup>st</sup> of the month according to the dates/deadlines in the chosen Program Payment Plan.

**LATE PAYMENTS:** Program fees are considered late and subject to a 5% late fee if they are not received *within 5 days* of the due date noted on the Program Payment Plan.



**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

**2023-2024 Program Payment Plan Options for our Regular Program:**

A deposit of one month's advance program fee is due with the Program Contract to reserve your child's spot. Please choose your payment plan option. Once your child is enrolled in LCA you are responsible for full payment of the balance in your plan. The deposit is non-refundable. **Sign and return the first copy and keep the second copy for your records.**

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Check your Choice of Days	Schedule of Days	Cost \$80 a day	Deposit Due with Registration by August 15 <sup>th</sup> to the spot	Balance/Payment
_____	5 Days (Mon-Fri)	\$15,600 (to be made in 10 payments beginning with the deposit in August)	\$1,560.00	<b>\$1,560.00—Due by the 1<sup>st</sup> of each month beginning September</b>
	5 Days <b>WITH</b> extended day option until 1:00pm	\$17,550 (to be made in 10 payments beginning with the deposit in August)	\$1,755.00	<b>\$1,755.00- Due by the 1<sup>st</sup> of each month beginning September 1<sup>st</sup></b>  <b><u>Payments to be made:</u></b> September 1 <sup>st</sup> , 2023 October 1 <sup>st</sup> , 2023 November 1 <sup>st</sup> , 2023 December 1 <sup>st</sup> , 2023 January 1 <sup>st</sup> , 2024 February 1 <sup>st</sup> , 2024 March 1 <sup>st</sup> , 2024 April 1 <sup>st</sup> , 2024 May 1 <sup>st</sup> , 2024
_____	3 Days Contracted Days	\$9,360.00 (to be made in 10 payments beginning with the deposit in August)	\$936.00	<b>\$936.00 –Due by the 1<sup>st</sup> of each month beginning September 1<sup>st</sup></b>
	3 Days <b>WITH</b> extended day option until 1:00pm	\$10,530.00 (to be made in 10 payments beginning with the deposit in August)	\$1,053.00	<b>\$1,053.00 –Due by the 1<sup>st</sup> of each month beginning September 1<sup>st</sup></b>  <b><u>Payments to be made:</u></b> September 1 <sup>st</sup> , 2023 October 1 <sup>st</sup> , 2023 November 1 <sup>st</sup> , 2023 December 1 <sup>st</sup> , 2023 January 1 <sup>st</sup> , 2024 February 1 <sup>st</sup> , 2024 March 1 <sup>st</sup> , 2024 April 1 <sup>st</sup> , 2024 May 1 <sup>st</sup> , 2024
_____	2 Days Contracted Days	\$6,240.00 (to be made in 10 payments beginning with the deposit in August)	\$624.00	<b>\$624.00– Due by the 1<sup>st</sup> of each month beginning September 1<sup>st</sup></b>
	2 Days <b>WITH</b> extended day option until 1:00pm	\$7,020.00 (to be made in 10 payments beginning with the deposit in August)	\$702.00	<b>\$702.00– Due by the 1<sup>st</sup> of each month beginning September 1<sup>st</sup></b>  <b><u>Payments to be made:</u></b> September 1 <sup>st</sup> , 2023 October 1 <sup>st</sup> , 2023 November 1 <sup>st</sup> , 2023 December 1 <sup>st</sup> , 2023 January 1 <sup>st</sup> , 2024 February 1 <sup>st</sup> , 2024 March 1 <sup>st</sup> , 2024 April 1 <sup>st</sup> , 2024 May 1 <sup>st</sup> , 2024



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Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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**Additional Important Information and Policies**

**Amounts Due and Collection:**

**Initial:**

Termination and/or cancellation of therapy services does not affect the obligation of parent/guardian signing this form to pay all outstanding balances and does not prevent the Learning and Therapy Corner from using all legally available means of collecting any and all outstanding balances. A late fee of 10% per month may be added to the balance. The Learning and Therapy Corner reserves the right to charge attorney’s fees, court, and collection fees in the event that legal action is necessary to collect outstanding balances.

**Lateness Policy:**

**Initial:**

Dropoff is at 9:00 and we begin cleanup at 9:15 to be able to start opening and remain on schedule. Please have your child to LCA by 9:15 at the very latest so that your child does not miss a part of their schedule, especially speech and occupational therapy. Chronic lateness **will** result in dismissal from the program.

**Parent/Guardian Signature:**

**Date:**

**Toilet Training/Change of Clothes:**

**Initial:**

From time-to-time children may need assistance that would be classed as intimate care. This includes help with changing clothes due to toileting and/or activities that involve water, paint, etc. While we always encourage toileting to be an independent activity for the child, there will be occasions where a little help is needed in that area as well. This form gives Little Corner Academy staff permission to lend a hand always mindful of the children’s privacy, but ready to respond when needed.

If a child should wet/soil themselves during their time at Little Corner Academy, they are taken to the bathroom to change. Please send in a complete set of clothes including socks, in a zip lock bag labeled with your child’s name. It will be stored in your child’s cubby. Your child’s soiled clothes will be bagged and placed in their backpack. Please send in new clothes for storage ASAP.

**Permission for Assistance in Toileting/Change of Clothes**

(Please mark your choice as appropriate)

**Child’s Name:**

I have read the Learning and Therapy Corner policy on assistance with toileting/change of clothes, and I ***do/do not*** give permission for my child to have assistance from staff during Little Corner Academy with regards to changing of clothes and toileting if required.

**Parent/Guardian Signature:**



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**IMPORTANT----LATE PICK UP:**

**After the first occurrence, a \$5 fee will be charged if a student is picked up after 12:05 p.m.** An additional late fee of \$1 will be charged for every minute thereafter. **Late fees must be paid in full prior to the student returning to the LCA program.** Parent/ guardian is expected to contact the LCA program if he/she will be late; however, late fees will still be applied.

Parent/Guardian Signature:

Date:

Date:

**Illness/Medicine Administration:**

**Initial:** \_\_\_\_\_

Little Corner Academy cannot undertake the care of sick children – i.e. infectious diseases, excluding colds & coughs. This is for the protection of others in the setting and any decision to exclude a child from a session due to illness is at the discretion of the LCA staff on site. Staff also cannot administer medicines unless there is a specific circumstance and written permission is given. If medication, such as an epi-pen, may be necessary, the Medication Form must be completed and signed.

**LIABILITY RELEASE**

By signing below, I agree that the Learning and Therapy Corner assumes no liability for injury or damages arising from the result of participation in the activities unless due to willful fault or gross negligence on the part of the Learning and Therapy Corner.

I hereby approve my child, \_\_\_\_\_, to participate in the LTC Little Corner Academy program. My signature confirms that the information provided is accurate, that the guidelines and procedures of the program will be adhered to and that it is my responsibility to keep the information provided current. I have read and fully understand the policies and procedures of the Learning and Therapy Corner/Little Corner Academy. I agree to abide by the terms and conditions listed in the Program Contract and agree to make payments in accordance with the Program Payment Plan chosen. Either party may terminate this contract by providing two weeks' written notice.

Signature of Parent/Guardian

Date



**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

**Photography Policy/Release:**

**Initial:** \_\_\_\_\_

Little Corner Academy is aware of the potential risks posed to children by the taking and using of images of them. We also feel it is important that parents get an opportunity to document their child’s time at LCA and photographs provide a perfect and lasting way of doing this.

Photography and using similar media can be an important part of certain aspects of play. To ensure children’s rights and well-being are protected, LCA will only permit the taking and using of images of the children in our care with the written permission of parent/guardian.

Photographs in LCA can be great in many ways from capturing memories of fun days and activities, annual events, to even letting little ones take snaps of the change of seasons to help them understand how the world works. We would like to be able to use photography in this way and also for promotional material on our website and our Facebook Page. To do this of course we need your permission.

Below is a Permission for Photography declaration that we would appreciate you signing and sending back in for us to keep on file. We will ensure you also have our Photography Policy so you know how we will use and store imagery. This is a request we will make each year at the start of the term, and for specific play schemes outside of term-time if required. Should your permission choice change for any reason do please let us know.

**Permission for Photography**

(Please mark your choice as appropriate)

Child’s Name: \_\_\_\_\_

I **do/do not** (circle) give permission for my child to have their photograph taken at Little Corner Academy and used to showcase my child’s time at LCA and for promotional purposes including appearing on the official website and social media presences.

Parent/Guardian Signature: _____	Date: _____
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**Unexpected Closures:**

**Initial:** \_\_\_\_\_

In the event that we need to close due to health reasons (as just happened with Covid-19), we will ensure that your child will continue to receive LCA via Teletherapy. This will be a modified schedule and payments will be altered to fit the services that are being received by each child.

**Inclement Weather Policy:**

**Initial:** \_\_\_\_\_

LCA will follow Baltimore County Public Schools delay/closing decisions. *If BCPS delays 1 or 2 hours, LCA will delay 1 hour (unless otherwise notified) and will open at 9:45 a.m. for a shortened program.* If your child will NOT attend due to the modified schedule, please notify Kristen via text or email so that she and the therapists can schedule services accordingly. If BCPS closes, LCA will be closed, and you will receive an email notifying you of this closure.





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**Holidays:**

**Initial:** \_\_\_\_\_

**LCA will be closed on the following days per Baltimore County Public Schools Calendar:**

- Monday, September 4, 2023- Closed
- Friday, October 20, 2023- Closed
- Wednesday, November 22-Friday, November 24, 2023- Closed for Thanksgiving Break  
*(Monday, November 27, 2023- Little Corner Academy Reopen)*
- Monday, December 25, 2023- Monday, January 1, 2023- Closed for Winter Break  
*(Tuesday, January 2, 2024- Little Corner Academy Reopen)*
- Monday, January 15, 2024- Closed
- Monday, February 19, 2024- Closed
- Monday, March 25, 2024- Monday, April 1, 2024- Closed for Spring Break  
*(Tuesday, April 2, 2024- Little Corner Academy Reopen)*
- Friday, May 24, 2024- Last Day for Little Corner Academy

**PERMISSION TO ADMINISTER MEDICINE IN EMERGENCY**

Administering medicine is a practice that Learning and Therapy Corner prefers not to engage in except for emergency medicines such as an Epi-Pen or Inhaler. If your child requires one of these or another emergency medicine, we are seeking your advice and guidance to administer medicine as per your instructions.

We will keep a First Aid kit and any medications that need to be stored for an emergency situation.



**Child's Name:** \_\_\_\_\_

I have read the Learning and Therapy Corner's policy on administration of emergency medicine. Please provide specific details regarding any medications that we must keep on hand in case of emergency including when and how this medicine needs to be administered.

**Emergency Medicine Details:** \_\_\_\_\_

<b>Parent/Guardian:</b> _____	<b>Date:</b> _____
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**LITTLE CORNER ACADEMY**

**PROGRAM APPLICATION FORM**

**Part 1: General Information**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Current School: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Who referred you to the Learning and Therapy Corner?  
\_\_\_\_\_

What concerns bring you to the Learning and Therapy Corner?  
\_\_\_\_\_  
\_\_\_\_\_

Have you discussed these concerns with your child's doctor or teacher?  
\_\_\_\_\_

Please list any medical diagnoses **AND ALLERGIES** the child may have:  
\_\_\_\_\_  
\_\_\_\_\_



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**Part 2: Family Data**

Name of Mother: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education Level: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education Level: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

With whom does your child live? (list below)

Name	Age	Gender	Speech/OT Problem?	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Age	Gender	Speech/OT Problem?	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any serious concerns about your child? \_\_\_ Yes \_\_\_ No If Yes, please explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

Has any other family member experienced speech-related/OT/developmental problems?

Yes  No If Yes, please explain:

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**Part 3: Communication Status**

How would you describe your child's current communication ability (check all that apply)?

- Almost never communicates  
 Sometimes communicates  
 Communicates frequently

How difficult is it to understand your child when the topic of conversation is known?

- Easy  Fairly Easy  Difficult

How difficult is it to understand your child when the topic of conversation is unknown?

- Easy  Fairly Easy  Difficult

My child is usually understood by other people who do not know him/her well.

- Yes  No

My child is usually NOT understood by other people who do not know him/her well.

- Yes  No

**Part 4: Therapy Planning Information**

Please list some things that your child really likes and dislikes:

Foods:

Likes - \_\_\_\_\_ Dislikes: \_\_\_\_\_

People:

Likes - \_\_\_\_\_ Dislikes: \_\_\_\_\_

TV/Movies

Likes - \_\_\_\_\_ Dislikes: \_\_\_\_\_



**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

Things to Do:

Likes-\_\_\_\_\_Dislikes:\_\_\_\_\_

Please list any special interests or hobbies that your child has:

\_\_\_\_\_

Please list any allergies (e.g., peanut butter):

**\*\*\* Very important because sometimes food is used during therapy!!!**

\_\_\_\_\_

**Part 5: Prenatal and Birth History**

Did the mother experience any health problems during this pregnancy? \_\_\_ Yes \_\_\_ No If Yes, please explain why: \_\_\_\_\_

\_\_\_\_\_

Birthweight: \_\_\_ pounds \_\_\_ ounces

Did any of the following occur during the birth process? \_\_\_ Fetal distress \_\_\_ Breech birth

\_\_\_ Premature \_\_\_ Transfusion \_\_\_ Caesarian section \_\_\_ Oxygen problem

\_\_\_ Blood incompatibility (RH Factor) \_\_\_ Prolonged labor

Other birth problems and/or concerns: \_\_\_\_\_

\_\_\_\_\_

**Part 6: Client's Medical History**

Please check below any illnesses or problems your child has had:

\_\_\_ Physical defect \_\_\_ Frequent colds \_\_\_ Allergies \_\_\_ Speech problems

\_\_\_ Eye problems \_\_\_ Frequent sore throats \_\_\_ Asthma \_\_\_ Dietary problems

\_\_\_ Ear problems \_\_\_ Headaches \_\_\_ Epilepsy \_\_\_ Operations

\_\_\_ Heart Disease \_\_\_ Diabetes \_\_\_ Serious accidents/injuries

\_\_\_ Temperature above 104 \_\_\_ Seizures \_\_\_ Other



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Describe any of the problems checked above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever been hospitalized? \_\_\_ Yes \_\_\_ No If yes, how long? \_\_\_\_\_ Age at time? \_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child under treatment or medication at present? \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you rate your child's general health? \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

**Part 7: Social/Behavioral Checklist**

Please check any of the following behaviors which describe your child:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Flexible                          | <input type="checkbox"/> Creative   | <input type="checkbox"/> Lacks self-control                        |
| <input type="checkbox"/> Outgoing                          | <input type="checkbox"/> Bedwetting   | <input type="checkbox"/> Frequent sudden changes in mood           |
| <input type="checkbox"/> Consistently short attention span | <input type="checkbox"/> Thumb sucking                                      | <input type="checkbox"/> Excessive inconsistency in behavior       |
| <input type="checkbox"/> Daydreams                         | <input type="checkbox"/> Nailbiting   | <input type="checkbox"/> Needs constant approval or reassurance    |
| <input type="checkbox"/> Cooperative                       | <input type="checkbox"/> Mechanical   | <input type="checkbox"/> Unusually aggressive toward others        |
| <input type="checkbox"/> Nightmares                        | <input type="checkbox"/> Overactive   | <input type="checkbox"/> Unusually shy or withdrawn                |
| <input type="checkbox"/> Temper tantrums                   | <input type="checkbox"/> Athletic   | <input type="checkbox"/> Difficulty completing jobs and activities |
| <input type="checkbox"/> Unreasonable fears                | <input type="checkbox"/> Musical  | <input type="checkbox"/> Difficulty with changes in routine        |
| <input type="checkbox"/> Gets ideas quickly                | <input type="checkbox"/> Rocking  | <input type="checkbox"/> Difficulty with organization              |
| <input type="checkbox"/> Fantasies                         | <input type="checkbox"/> Underactive  | <input type="checkbox"/> Avoids reading                            |
| <input type="checkbox"/> Artistic                          | <input type="checkbox"/> Self-confident                                     | <input type="checkbox"/> Difficulty telling time                   |
| <input type="checkbox"/> Frequently tells lies             | <input type="checkbox"/> Enjoys reading                                     | <input type="checkbox"/> Avoids homework                           |
| <input type="checkbox"/> Uncooperative                     | <input type="checkbox"/> Frequently late                                    |  |
| <input type="checkbox"/> Frequently talks to self          | <input type="checkbox"/> Doesn't seem to understand questions or directions |  |
| <input type="checkbox"/> Sleepwalking                      | <input type="checkbox"/> Difficulty making and keeping friends              |  |
| <input type="checkbox"/> Lacks motivation                  | <input type="checkbox"/> Difficulty using numbers                           |  |

Please comment on any behaviors that particularly concern you:  
\_\_\_\_\_  
\_\_\_\_\_



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**Part 8: Client’s Motor Development**

At approximately what age did your child reach the following motor milestones?

Head Support \_\_\_\_      Crawling \_\_\_\_      Climbing Stairs \_\_\_\_      Potty trained \_\_\_\_  
Reach & Grasp \_\_\_\_      Standing alone \_\_\_\_      Finger Foods \_\_\_\_      Undressed Self \_\_\_\_  
Sitting Alone \_\_\_\_      Walking Alone \_\_\_\_      Eats with a Spoon \_\_\_\_

Is your child awkward or clumsy?      YES      NO

Does your child display a hand preference?      YES      NO

If “yes,” which hand does your child prefer?      RIGHT      LEFT

Has your child had any feeding difficulties? Please check all that apply.

- \_\_\_ Sucking or nursing
- \_\_\_ Excessive length of time to drink a bottle
- \_\_\_ Regurgitation of liquids or solids through the nose
- \_\_\_ Difficulty chewing or swallowing
- \_\_\_ Choking and/or gagging
- \_\_\_ Reflux

Is your child a “picky eater”?      YES      NO

If “YES,” what foods does he/she prefer?

**Part 9: Speech and Language Development**

Indicate when your child demonstrated the following:

<u>Age</u>	<u>Behavior</u>	<u>Age</u>	<u>Behavior</u>
_____	Cooing, pleasure sounds	_____	Single Words
_____	Babbling (da-da, ba-ba)	_____	Phrases (by-bye)
_____	Jargon (own little language)	_____	Short Sentences

What is the primary method(s) your child uses for letting you know what he/she wants?

\_\_\_\_\_ Looking at Objects      \_\_\_\_\_ Pointing at Objects      \_\_\_\_\_ Gestures  
\_\_\_\_\_ Crying      \_\_\_\_\_ Vocalizing/Grunting      \_\_\_\_\_ Physical Manipulation  
\_\_\_\_\_ Single Words      \_\_\_\_\_ 2-3 Word Combinations      \_\_\_\_\_ Sentences



**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

Which of the following best describes your child’s speech?

- Easy to understand
- Difficult for parents to understand
- Difficult for others to understand
- Almost never understood by others
- Different from other children the same age

Which of the following statements best describes your child’s reaction to his/her speech?

- Is easily frustrated when not understood
- Does not seem aware of speech/communication difficulties/differences
- Has been teased about his/her speech
- Tries to say any sounds or words more clearly when asked
- Is successful in saying words more clearly when he/she tries

Is your child aware of his/her communication difficulties?                      YES                      NO  
 If “YES,” how does this awareness impact your child’s social/emotional status?

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Does your child have difficulty producing certain sounds?                      YES                      NO  
 If “YES,” which ones? \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| Does your child hesitate and/or repeat sounds or words?     | YES | NO |
| Does your child “get stuck” when attempting to say a word?  | YES | NO |
| Do you have any concerns about your child’s voice quality?  | YES | NO |
| Does your child drool more than other children his/her age? | YES | NO |
| Does/Did your child use a pacifier?                         | YES | NO |
| Does/Did your child suck his/her thumb?                     | YES | NO |

**Part 10: Play Behaviors**

Which of the following describes the type of play your child likes to engage in the most often?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Putting toys in mouth       | <input type="checkbox"/> Banging toys together | <input type="checkbox"/> Throwing toys       |
| <input type="checkbox"/> Shaking toys                | <input type="checkbox"/> Pushing/pulling toys  | <input type="checkbox"/> Role-playing        |
| <input type="checkbox"/> Uses one object for another | <input type="checkbox"/> Games with rules      | <input type="checkbox"/> Rough & tumble play |
| <input type="checkbox"/> Appropriate use of objects  | <input type="checkbox"/> Make believe play     | <input type="checkbox"/> Looking at books    |





**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

What is the average length of time your child can stay playing at one activity?

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Which activities seem to hold your child's attention for the longest period of time?

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Which activities seem to hold your child's attention for the shortest period of time?

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Is your child's play easily distracted by any of the following?

- Visual Stimuli (e.g., other toys or objects)
- Auditory Stimuli (e.g., voices, sounds outside, TV)
- Nearby Activities
- Other People in the Room

**Part 11: Education History**

Current School: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please list any other school/programs that your child has attended:

School: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Has your child had any evaluations of which we should be aware?

- Educational       Psychological       Medical       Other

Please explain (what, when, by whom) \_

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**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

Has your child ever been evaluated for or attended therapy for:

- Speech Problems
- Hearing/Auditory Problems
- Vision Problems
- Feeding Problems
- Physical Motor Problems
- Fine Motor Problems
- Sensory Problems
- Handwriting Problems

Please give locations, dates, and results:

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Is there any additional information that you feel will help us to understand your child better?

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**Please help us get to know your child by completing the questions below. This information will help us to structure the program around your child's specific needs.**

- 1. What would you most like to see your child accomplish during their time in the program?**

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**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

**2. What are your child's favorite activities (i.e., games, toys, songs)?**

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**3. What are your child's least favorite activities?**

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**4. Are there any behavior concerns that we may need to be aware of?**

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**5. Is your child toilet trained? Working towards being toilet trained?**

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**6. Are there any communication concerns that you have for your child currently?**

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**LITTLE CORNER ACADEMY FALL 2023-2024 Registration Form**

**7. Has your child previously attended a preschool program? If so, what program?**

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**8. Is your child currently receiving any services (Speech, OT, Psych, PT) and does your child currently have an IEP currently? If your child has an IEP, would will you sign a record release which allows the therapist to review this IEP or testing to better assist with your child's daily program?**

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**This form was completed by:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please return ALL completed forms to the  
*Learning and Therapy Corner*  
**ATTENTION: Kristen Gordon****