

# Achieve Pediatric Therapy

## Busy Bee Baby Brain Camp Registration Form - 2017

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
                    First                    Middle                    Last

**Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Pediatrician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parents/Guardian (Mr., Dr., Mrs., Ms., Miss)** \_\_\_\_\_

❖ **Class Series :** (select one)

**Thursdays May 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>, and 25<sup>th</sup>**  
**[  ]** **Doctor Phillips (7758 Wallace Road Suite I, Orlando, FL 32819)**  
9:30-10:15am

**Thursdays June 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, and 29<sup>th</sup>**  
**[  ]** **Waterford Lakes (11602 Lake Underhill Road Suite 129, Orlando, FL 32828)**  
9:30-10:15am

Please explain your primary concerns regarding your child's development (concerns, difficulties, questions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have these difficulties improved or deteriorated? \_\_\_\_\_

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What strategies have you tried to help alleviate your concerns?

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What is your primary goal in having your child participate in this camp? \_\_\_\_\_

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Please mark the skills your child is currently able to perform independently (without assistance or cues):

- able to tolerate tummy time for at least 5 minutes
- able to lift head to look up during tummy time
- able to roll independently
- able to sit independently
- able come into all fours (crawling position) independently
- able to crawl independently
- able to tolerate handling (for example no complaints when parent moves child into different positions)
- able to bear weight through legs in supported standing

Please note any special considerations, restrictions, allergies or Health Concerns you would like us to be aware of: \_\_\_\_\_

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**Payment Authorization Form**

Client Name: \_\_\_\_\_ Parents: \_\_\_\_\_

Client DOB: \_\_\_\_\_

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

Parent/guardian authorizes payment  
of services to Lena Sahijram, PT,  
DPT. Parent/guardian authorizes  
payments to:

Busy Bee Baby Brain Camp

Registration Fee in the amount of

\$50.00- to be paid in full upon

registration with cash or check only

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

