



2019 Summer Camp Application Packet

Please complete and return the following forms along with the applicable intake fee (See Fee Schedule):

- Client Information Form
- Stress Response Evaluation
- Scheduling Preference Form
- Parental Consent
- Billing Agreement
- Photograph and Billing Release Form

Please schedule screening if your child is new to Mind and Motion once your packet is complete

Forms can be faxed, e-mailed, or mailed:

Fax number: (678)-749-7611

E-mail: lindsay@mindmotioncenters.com

If mailing, please send forms to:

Mind and Motion
5050 Research Court
Suite #800
Suwanee, GA 30024

Once the packet has been completed and you are notified that your information has been received: intake fees can be paid by credit card in office, over the phone or via our website, www.mindmotioncenters.com.

If paying online, the website will ask for a patient ID. Please use, "SUMMERCAMPLastName" with the **child's** last name for this ID.

For additional information, please contact:
Lindsay Hancock, COTA/L Phone: 678-749-7600 ext. 114
Email: lindsay@mindmotioncenters.com

Today's Date: _____

Child's Name: _____

Date of Birth: _____

Address: _____

Email Address: _____ Phone _____

Emergency Contact Name and Phone Number: _____

School Name and District/City: _____

Grade or Equivalent: _____

Diagnosis (if any): _____

What kind of class does your child attend? (Please circle all that apply)

- 1 – Regular Education/Fully Mainstreamed
- 2 – Regular Education with Supports (Aide, 504 Plan, Other _____)
- 3 – Resource Room (If so, what subjects____)
- 4 – Self-Contained Class
- 5 – Special Education School
- 6 – Homeschool

Is your child receiving any additional services? (Please circle all that apply)

- 1 – Discrete Trial or ABA Home Program
- 2 – School/Private Speech Therapy
- 3 – School/Private Occupational Therapy
- 4 – Other _____

Does your child exhibit any aggressive behaviors? (Self-injurious, hitting, biting or verbal threats)

Does your child have any serious allergies that we should be aware of?

1) Please provide a short narrative describing your child.

2) What are your child's strengths?

3) What are your immediate goals for your child? What do you hope to achieve by utilizing the Summer Camp program?

4) What recommendations, if any, have you received from clinicians, teachers or other professionals regarding your child's need for social skills remediation?

5) Please share any other information that you feel will be helpful to us in working with your child/family.

Stress Response Evaluation

How does your child usually indicate he/she is becoming anxious or stressed? Check all that apply and add details as needed.

	Asks inappropriate questions/makes inappropriate comments
	Leaves seat/room
	Becomes off task
	Meltdown
	Becomes silly
	Noises/humming
	Blurts/Yells out
	Reduces eye contact
	Cries/tearful
	Refuses requests
	Damages property
	Repeats self
	Distractibility increases
	Shuts down
	Facial expression/posture changes
	Stares off
	Fidgeting/restlessness
	Voice tone/volume changes
	Hurts self/others
	Other

Summer Camp 2019:

Age groups: elementary and middle school aged

*Please place an **X** for the sessions your child will be attend:*

Week #1: "Under the Sea" Theme 9:00am - 12:00pm (June 3rd- June 7th) _____

Week #2: "Olympic Games" Theme 9:00am - 12:00pm (June 10th-June 14th) _____

Week #3: "Kids in The Kitchen" (Picky Eaters) Theme 9:00am - 12:00pm (June 17th – June 21st) _____

Week #4: "Superhero Vs. Princess" Theme 9:00am - 12:00pm (July 8th-July 12th) _____

Week #5: "Creation Station" (Fine Motor) Theme 9:00am - 12:00pm (July 15th – July 19th) _____

Week #6: "Wildlife Wonders" Theme 9:00am - 12:00pm (July 22nd – July 26th) _____

Parental Consent

I, _____, hereby give permission for *Mind and*

Motion to provide therapeutic services to _____.

Child's Name

Signature (Parent/Legal Guardian)

Relationship

Date

PATIENT CONFIDENTIALITY RIGHTS

We at Mind and Motion, LLC care about protecting your privacy. Evaluation findings and/or information attained through the therapy/consult session is kept strictly confidential and may not be divulged to any other parties with the exception of the following:

The law (Health Insurance Portability & Accountability Act of 1996; HIPAA) requires the following limits of confidentiality in the therapist-patient relationship under the following circumstances (under these provisions, information may be provided to third parties). Please review the attached Georgia Notice for more specific information on your rights as they pertain to HIPAA.

I understand that, under the HIPAA I have certain rights to privacy regarding my healthcare information. I understand that this information can and will be used to conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly for the purpose of:

- a) Suspicion of child abuse or neglect of a minor or elderly person requires mandated reporting to the appropriate protective agencies. Suspicion of any physical or sexual abuse as a victim or perpetrator requires mandated reporting to the appropriate protective agencies.
- b) Threats of suicide (risk to self)
- c) Threats of Homicidal intentions (risks to others)
- d) Court order (privilege held by patient)
- e) Consented release of information

I have discussed the above limitations with my evaluator/therapist and understand the limits of confidentiality; I have also reviewed the attached Georgia Notice and understand my rights and limitations as they pertain to HIPAA;

Patient or Parent/Guardian Initials: _____

ACKNOWLEDGEMENT OF RISK FOR THERAPEUTIC EQUIPMENT

I acknowledge there is some risk inherent in the use of the therapeutic equipment at this location/clinic. I agree to indemnify and hold Mind and Motion, LLC from all losses and claims for any injuries or other damage occurring to myself or my child or our belongings from the use of therapeutic equipment. This also applies to any therapeutic activities that my child or I might participate in with therapists outside the building.

Patient or Parent/Guardian Initials: _____

PATIENT DROP-OFF & PICK-UP POLICY

Due to the nature of the many liabilities associated with parking lot traffic, Mind and Motion expects all patients under the age of 15 to be accompanied to and from the office waiting room by patient’s legal guardians or caregivers during appointment drop-off and pick-up times. Failure to abide by this policy will result in immediate therapeutic termination.

Patient or Parent/Guardian Initials: _____

CONSENT FOR AUDIO/VISUAL SURVEILLANCE

Mind and Motion, LLC may record and monitor testing or therapy behaviors by supervisory staff by the use of cameras and audio equipment in treatment rooms. The purpose of this monitoring is for our senior staff to unobtrusively monitor behaviors to assess the quality of our test data and provision of certain therapeutic services. This notice is to provide you of our intent and obtain your permission to use this method of quality assurance in our practice. We do not share recordings with any person, party, or group unaffiliated or employed with Mind and Motion, LLC without written consent or unless required by law.

Signing this consent form demonstrates your recognition and acceptance of this technique in providing services to you or your family member.

Patient or Parent/Guardian Initials: _____

CONSENT FOR INTERN / STUDENT PARTICIPATION

Mind and Motion is involved in educational programs to allow students and interns to gain hands on experience in their clinical field of interest. While students and interns may assist in only certain procedures and therapies, they are working under the close supervision of their designated site supervisor. Interns and students are trained and held to the same HIPAA standards and laws. Interns and students are not involved in any clinical or treatment decisions and will not be involved in a capacity that would impede therapeutic progress.

I consent for intern / student participation:

Patient or Parent/Guardian Initials: _____

PATIENT AND CLIENT SATISFACTION ACKNOWLEDGEMENT

In order to help improve both patient/client and the clinicians experience at Mind and Motion, LLC we welcome suggestions to help us improve our customer service. Suggestions can be made directly to our administrative or clinical directors via email. Contact information can be found on staff business cards in our waiting room.

Patient or Parent/Guardian Initials: _____

I have carefully read, clearly understood, and accepted the terms and conditions of Mind and Motion, LLC Company Policies, Notifications, Informed Consents, and Rights stated herein. I acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

Patient’s Name (please print): _____

Signature (Guardian Signature if Patient is under 18)

Date

Billing Agreement

This agreement will serve as notification that payment for all Summer camps is due and payable at the time of service. You will receive a receipt of payment for your records. Payment can be made via cash, check or major credit card through the "Pay My Bill" section of our website, www.mindmotioncenters.com. Under patient ID put: Summer Camp patient's last name. There will be a \$25 charge for any check returned to us due to insufficient funds.

If all terms of this Billing Agreement are agreeable and acceptable, please sign below. By signing, you are hereby consenting to treatment and acceptance of policies outlined above.

Please check here if you would also like your receipt emailed to you: _____

If all terms of this Billing Agreement are agreeable and acceptable, please sign below. By signing, you are hereby consenting to treatment and acceptance of policies outlined above.

Child's Name	Signature (Parent/Legal Guardian)
Relationship	Date

	Early sign-up and screening (before May 3rd, 2019) *discount only given if screening is complete and deposit is made*		Regular sign-up and screening (after May 3rd deadline May 31st, 2019)	
COST FOR ONE WEEK	\$295 <i>\$147.50 deposit is due by May 3rd, 2019 to receive discount</i>	Each addt'l. child 20% discount \$236	\$325 <i>full balance is due by May 31st, 2019</i>	Each addt'l. child 20% discount \$260
COST FOR THREE WEEK BUNDLE	\$750 <i>\$375 deposit is due by May 3rd, 2019 to receive discount</i>	Each addt'l child 20% discount \$600	\$975 <i>full balance is due by May 31st, 2019</i>	Each addt'l. child 20% discount \$780

Please select method of payment (all payments non-refundable):

Cash _____ Check (by mail or in office) _____ Credit Card (online or in office) _____

Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration to Mind and Motion, LLC. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings and media within an unrestricted geographic area.

Photographic, audio or video recordings may be used but is **not limited** to the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- company marketing and promotional purposes

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the Mind and Motion, LLC 2019 Summer Camp sessions only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for marketing or educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____

Frequently Asked Questions

Does my child have to attend the full camp for 6 weeks?

While we feel that 6 weeks provides the best camp experience for your child, we understand that vacations and other family events come up and we do offer a week by week option. This option costs \$295 per week if signed up before May 3rd, 2019 and \$325 per week if signed up after May 3rd, 2019. A significant discount is given for signing up for 3 weeks- \$750 (\$250 per week).

If my child is sick or my family decides to take a vacation during camp period, can I get a refund?

No refunds are given. Our staffing, supplies and activities are based on the number of campers signed up by the deadline. We apologize in advance for any inconveniences that might cause.

What are my payment options?

We accept check, cash, and debit/credit cards as payment. We are happy to work out a payment plan that allows you to pay for camp in increments (to be paid in full by May 31st, 2019). A non-refundable deposit is due at time of registration.

What is my camp fee put towards?

Our camp is fully staffed with several therapists (speech, occupational, and physical) and several volunteers. We pride ourselves on keeping the student/instructor ratio low, ensuring plenty of individualized attention for each child. Water and supplies are also included in the camp price.

Will I receive insurance reimbursement?

Camp costs are the responsibility of the family. Payment in full is required to attend the camp.

What does my child need to bring to camp?

Your child should bring a backpack/bag with a snack, drink, and extra change of clothes.

Additional Information:

- Your child should be able to use the restroom independently, eat independently, follow simple instructions with minimum cues, and attend to tasks for 10 or more minutes with minimum cues.
- The first and last half-hour of each day is unstructured drop-off and pick-up time.
- Children will be assigned to groups based on their chronological age however, group assignments will also be based on each child's developmental level in order to maximize overall therapeutic outcome.

Potential Summer Camp Outcomes

Our summer camp blends fun, adventure, and therapeutic learning. Each child should enjoy our unique summer activities where play, education, and therapeutic opportunities abound. We hope to bring arts and crafts, speech and language, music and movement, sports and games, and much more to life in a safe, therapeutic environment.

Our goal is for each child to have a memorable summer while preparing them for the upcoming school year.