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| THERAPY home |
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**Please fill out the following information accurately and  
completely for the admission of your child.**

**Attached 2 Photos**

Date & Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Serial No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Child Information** |

Full Name of the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: (As per CNIC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: (As per CNIC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages spoken by the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs/Challenges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Educational History** |

Has your child attended any school before? Yes  No

If yes, please provide details of the previous school(s):  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade or Class or Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Parent/Guardian Information** |

Full Name of Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relational to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Therapies Details** |

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| **SPEECH THERAPY** |  |
| **BEHAVIOR THERAPY** |  |
| **OCCUPATIONAL THERAPY** |  |
| **REMEDIAL THERAPY** |  |
| **Inclusive Edification Program (I.E.P)** |  |
| **Fun & Learn Program (F&L)** |  |

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| **Neurodevelopmental Disorder Information:** |

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Diagnosed Neurodevelopmental Disorder (if any):

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Date of Diagnosis:

Diagnosing Physician:

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| **Medical History:** |

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Any known medical conditions or co-occurring diagnoses:

Current medications or treatments:

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| **FUNCTIONAL STATEMENT:** |

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| Communication Skills:  * Expressive Language Ability:   + Age-Appropriate   + Some Delays   + Significant Delays | Receptive Language Ability:  * + Age-Appropriate   + Some Delays   + Significant Delays |
| Communication Modalities:  * + Verbal   + Nonverbal   + Mixed |  |
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| **SOCIAL INTERACTION:** |

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| Interaction with Peers:  * + Positive   + Mixed   + Limited Interaction | Social Initiation:  * + Initiates Interactions   + Occasionally Initiates   + Rarely Initiates |
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| **BEHAVIORAL CONSIDERATIONS:** |

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| Challenging Behaviors:  * + Minimal   + Occasional   + Frequent | Self-Regulation:  * + Effective   + Developing   + Limited |
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| **CONITIVE AND ACADEMIC ABILITIES:** |

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| Cognitive Skills: Memory:  * Strong * Average * weak | Attention:  * Focused * Easily Distracted * Highly Distracted |

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| --- | --- |
| Academic Abilities: Reading Skills:   * Age-Appropriate * Some Delays * Significant Delays | Math Skills:   * Age-Appropriate * Some Delays * Significant Delays |

**Any additional information or concerns provided by the parent/guardian:**

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| **Required Document For Admission** |

* Assessment Report, Medical report or any other recommendation report that explain your child condition copy.
* B-Form or Birth Certificate copy.
* 2 Passport size pictures.
* Guardian CNIC Copy.
* If you take other therapies, please provide the other institute report.
* Therapy Home Form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signature**

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| **Rules and Regulations for parents visiting a Therapy Home** |

* **Admission and Security Deposit:** The finalize Admission fees and security deposit must be submitted to confirm your child's enrollment or to confirm your therapies slotting.
* **Payment and Procedures:** Parents can submit fees through the following options:  
  1. Cash Payment 2. Online Transfer. (Please share the online slip with us).  
  Account details provided below: Bank: Meezan Bank, Title: THERAPY HOME, Account No: 0156-0109649823"
* **Mid-Month Admissions / Enrollment:** If the child begins therapy in the middle of the month, fees will be charged for the remaining days in that month. The fee for the subsequent month should be paid in full between the 1th to 7th of each month.
* **Delayed Payment:** Kindly note that all payments must be made between the 1st and 7th of each month. Any payments submitted after the 7th will incur a penalty of 300 RS. It is the responsibility of individuals to settle dues promptly to avoid additional charges.
* **Session Leave and Re-Admission:** In the event of leaving the session for any reason or not continuing for a certain period, admission will be canceled, and rejoining the session will be subject to re-admission procedures.
* **Fee Policy for Monthly Breaks:** If parents choose to take a break or pause sessions for one month for any reason, the following fee policy will apply:
* Parents enrolled in the **IEP or Fun & Learn** program will be required to pay the full program fee for the month.
* Parents utilizing **one-on-one sessions** will be required to pay 50% of the monthly fee.
* **Time:** Please arrive on time for session scheduled or consultancy appointments and be mindful of the therapist's schedule.
* **Compensate:**   
  **1. Attendance File:** Please ensure to mark the student attendance in the attendance file, then we will provide you the compensate session if you don’t mark the attendance, we will not be able to provide compensate.

**2. Absent information:** Please ensure to inform 30 mints before the session if you want to leave or absent on that session day. then we will provide you the compensate session if you don’t inform 30 mints before the session, we will not be able to provide compensate.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Parent’s/Guardian Signature**