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**SENSORYSMART™ Handwriting**

**Child's Name (First, Last):** \_\_\_\_\_

**Chronological Age:** \_\_\_\_\_ **D.O.B.:** \_\_\_/\_\_\_/\_\_\_ **Gender (Please circle):** M / F

**Name of Parent(s):** \_\_\_\_\_

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

**Primary Contact:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please keep in mind:** Children are grouped by developmental skill level and group placement is dependent on the child's needs. Class schedules are subject to your child's group placement.

**Tackling Handwriting (Please select one):**

- \_\_\_ Getting ready for Kindergarten!
- \_\_\_ Having difficulties in handwriting? (2nd – 3rd Graders)
- \_\_\_ All about Content Writing! (2nd Grade – Middle School)
- \_\_\_ All about Cursive Writing!

**Please select one:** \_\_\_ Intensive 6-week Program (2x a week) / Summer Program  
\_\_\_ 12-week Program (1x a week)

**Rates are based on a 12 session enrollment period:** \$25 = One time registration fee per family  
\$540 = Total cost for 12 sessions  
**Full rate must be paid.**

Provide some examples of difficulties you notice in your child's handwriting, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What improvements do you expect from enrolling your child in our handwriting program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any food allergies, medical/physical conditions or precautions we should be aware of? \_\_\_\_\_

Does/Did your child receive OT Therapy in school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Parent/Guardian's Signature

Today's Date