



Occupational Therapy Registration Form

Child's Name: _____

Child's Birthday: _____

Child's Grade: _____

Child's School: _____

Child's Teacher: _____

Home Address: _____

Zip Code: _____

Parent Email: _____

Parent Phone: _____

Parent Signature: _____

Print Parent Name as it Appears on Credit Card: _____

Check Card Type: Visa Master Discover

Credit Card Number: _____

Expiration Date: _____

Prices

Screening: \$25 (Credited towards Evaluation)

OT Evaluation (Basic Battery): \$200

OT Evaluation (Extended Battery): \$375

30 Minute Therapy Session: \$60

Save completed form to your computer and email completed form to eileen@handledtherapy.com
By completing this form you are agreeing that Hand Led Therapy has permission to collaborate with your child's school and teachers regarding results and progress.