



30252 Tomas Suite 100, Rancho Santa Margarita, CA 92688 Ph: 949-459-1658 Fax: 949-459-1667

General Guidelines

Child's name: _____ DOB: _____

The following information is a list of general guidelines that will assist in creating an intervention and treatment environment that is efficient and effective as possible.

Please initial all guidelines as well as sign the bottom.

1. _____ Please arrive on time for all appointments.
2. _____ Please have your child dressed in comfortable clothing that may get dirty.
3. _____ If your child will be attending feeding therapy, please provide appropriate food requested by your therapist.
4. _____ If your child is attending multiple sessions or staying multiple hours for a program, please pack a snack and diaper changing supplies.
5. _____ We encourage all of our parents to participate in their child's program. Due to HIPAA privacy and laws, it is important that you remain with your treating therapist or teacher throughout the portion of your session, or remain in the front waiting area.
6. _____ If you are running late for a session or program, please call the front office and let us know.
7. _____ If you choose to leave the premises during your child's program or therapy, please be prompt in picking up him/her when their session or program is over. Please return 10 minutes before the scheduled end of session. If you are late picking up your child, there is a \$1.00 fee for every minute late, to be paid immediately.

Parent Signature

Date

Date:
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