



2023 Summer Programs

We are excited to be able to offer a few summer programs this year. Unfortunately, we can no longer do all the things we have in the past, but we want to continue to offer some options. Most groups will be held at Washington Church located at 3925 Central Ave. Toledo, 43606. This allows us to maintain a safer distance while inside and use a fenced-in outside space for safety during outdoor activities.

All groups have been designed to help the kids develop new skills and refine current ones. Our goal is to have FUN while working on current IFSP, IEP, and personal goals. Contact us with any questions or to register at 419-841-1840/fax: 419-841-1841/email us at rehabforkids@rehabdynamics.com.

Classes begin the week of June 5th and go through July 31st . Please check the schedule for your class as some are 6 and some are 8 weeks.

FM/GM/LANGUAGE/SENSORY:

1. *Summer Fun: This group is appropriate for children who can handle being in a small group while doing fine, gross, and sensorimotor activities with others while also addressing their language skills. The activities have been designed to help with core strength, cutting, coloring, and writing skills. While working on these skills the kids will also be learning to make requests, label things and communicate their wants and needs. We will be learning to play together, share, follow directions, and use many different forms of communication with peers and adults. The goal is to first meet their sensory needs, then work to strengthen other skills that help with school success. Group size will be very limited so personal goals can be addressed. Individuals using, or wanting to use AAC devices are welcome to attend.

Preschool 2 ½ -5 yrs. Length: 8 weeks

Class Size Limited to 6

NOTE: Additional Sections may be added

Staff: OT/SPEECH

Cost: 860.

Days/Times: M and Th 8:30-10:00

Held at Washington Church

Elementary 6-8 yrs. Length: 8 weeks

Class Size Limited to 6

Note: Additional Sections may be added

Staff: OT/SPEECH

Cost: 860.

Days/Times: M and Th 10:30-12:00

Held at Washington Church

GROSS MOTOR:

2.*Ready to (Bike) Ride: Want your child to learn how to ride a bike? Join us for tips, practice, and to have some fun while learning with other kids. Our therapists will help identify the skills that need to be addressed to succeed, how to work on those skills, practice working on these, and look at options to help them succeed. Group size will be very limited so personal goals can be addressed.

Ages: 5 yrs. and up **Length: 8 weeks** **Staff: PT** **Days/ Times: M 1:00-2:00**
Size Limited to 5 **Cost: 350.** **Held at Rehab Dynamics**

3.*Shake it Off! : Join us to have fun stretching, strengthening, and moving to the beat. We plan to encourage movement and exercise in a fun and unique way. Classes will emphasize simple stretching and strengthening exercises, as well as timing, coordination, and motor planning in a small group with games and other activities. These activities can be helpful to address physical needs of those with sensory processing and attentional issues, as well as for those who have weakness, or motor incoordination.

Ages: 6-10 yrs. **Length: 8 weeks** **Staff PT** **Days/Times: M 9-10:30**

Size Limited to 10 **Cost: 450.** **Location: TBD**

Daily Life Skills

4.*Life Skills : This group is designed to provide opportunities to improve social and functional daily living skills. The kids will have opportunities to practice social interactions with peers and staff as they learn skills such as reading recipes and preparing their own meals, gardening, using tools (hammers, wrenches, drills, etc.) while making and finishing projects. This group is for kids that have the ability to listen and follow multiple step tasks, read and complete basic written directions, but need some help developing greater independence and confidence. We hope to work together to also make some projects that we can donate or do for others in our community (ex: car wash, plants, painting and sanding, ice cream treats etc.).

Ages: 6-10 yrs. **Length: 6 weeks** **Staff: OT** **Days/Times: W and F 8:30-10:30**
Class Size Limited to 6 **Cost: 860**

Ages: 11-16 yrs. **Length: 6 weeks** **Staff: OT** **Days/Times: W and F 11:00-1:00**
Class Size Limited to 6 **Cost: 860**

REGISTRATION INFORMATION

Please complete the registration form ASAP to ensure a spot in the summer programs, space is very limited. Registrations can be faxed, emailed, or mailed to the office. Your child's spot will **only** be reserved when a deposit is received.

1. If your child is a current or former client of RDI there is no charge for the screening**. Prior to participation a screening **must** be completed for all new campers. You will be contacted to schedule this after registration is completed and a \$45.00 screening fee is required at that time.
2. In the event of insufficient registration, RDI reserves the right to cancel or reschedule a class. **Many classes fill quickly so register early.** If classes fill early additional ones MAY be added if there is interest.
3. A 10% discount is available if registering for more than one class. Some classes may have room for a sibling to join as a peer model at a reduced rate.
4. If a holiday falls on a class day (i.e. 4th July), or the therapist is ill, the class will be re-scheduled. If the child is on vacation or ill during a camp day, we do not have flexibility with staff to make up these days.

5. If your child needs 1:1 help please let us know and we will try to make arrangements to provide this. There will be an additional cost.

6. FULL PAYMENT REQUIRED ONE WEEK BEFORE CLASSES BEGIN. NO REFUNDS AFTER THE 1st CLASS.

REHAB DYNAMICS SUMMER PROGRAM REGISTRATION FORM

Please complete the following form and return completed registration forms ASAP to ensure a spot:

Rehab Dynamics, Inc., 3160 Central Park West Drive, Toledo, Ohio 43617

Fax: (419) 841-1841, or e-mail: rehabforkids@rehabdynamics.com, Phone: (419) 841-1840

Child's Name:		Caregiver's Names:	
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Age:		Grade:		DOB:	
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Address:		City:		State:		Zip:	
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Phone:		Cell:		E-mail:	
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Emergency Phone Contact:		Name:	
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A. I would like additional information on the following items or have the following questions to discuss:

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B. Yes, please sign my child up for the following classes and additional services:

Class	Time	Days	Section	Cost
1.				
2.				
3.				
Total Cost of Groups:				

Screening fee waived for RDI clients	<u>Y / N</u>	New pt. screening fee ** \$45.
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Discount for multiple classes/sibling	
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TOTAL DUE:	
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Balance Due for deposit:	
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NOTE: 50 % of total is required for deposit-you can mail a check, provide credit card info, or call the office at (419) 841-1840. If you are using other funding in lieu of deposit please indicate so asap.

Alternative Funding Covering Costs:		Proof provided:	Yes/no
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Contact person regarding Alternative Funding:	
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Method of Payment:	Grant from :	ESY:	District Contact:	
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Check #		Credit Card #	Expiration Date	
Signature	Electronically Signed			
Other information needed for registration:				
Physical and/or dietary restrictions:				
Allergies:				
Medication needed during camp:				
Any medical conditions we need to be aware - Explain:				
School attending (if any):		Grade:		
Area(s) of special need, areas you would like us to emphasize:				
Who is authorized to pick up your child?				
Other services currently receiving or assistive devices currently using (ex: PT/OT/Speech, AAC, PECS, walker, etc.)				
Does your child have an IFSP/IEP?	<u>Y/N</u>	If so, a copy <u>must</u> be provided so goals can be addressed.		
PARTICIPATION AUTHORIZATION (Must be completed to register)				
Once this form is completed send it to rehabforkids@rehabdynamics.com , or to 419-841-1841 by fax, or drop it off at Rehab Dynamics.				
I hereby approve my child's participation in RDI's Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation. I acknowledge however, that in any group setting there is a potential for exposure to germs and other illnesses.				
			Parent/Guardian Name & Date Please Print	
			(Parent/Guardian Electronic Signature & Date)	
By signing above, you authorize Rehab Dynamics to process your payment				
Physician Name:		Phone Number		
RDI's Summer Program assumes no liability for illness, injury or damages arising as the result of participation in activities unless due to willful fault or gross negligence on the part of RDI's Summer Programs.				

