

# Rehabilitation Associates, Inc.

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## PEDIATRIC REHABILITATION PROGRAM

**FOR YOUR CHILD'S SAFETY,**

**PLEASE REMAIN IN THE FACILITY AT ALL TIMES WHILE YOUR CHILD IS RECEIVING THERAPY**

### ATTENDANCE POLICY:

Predictability and routine are critical to a child's ability to learn. Our pediatric program relies on your commitment to consistent attendance and timeliness so your child can reach his or her fullest potential.

We will do our best to help you maintain this essential consistency by holding a set therapy time for your child (to the best of our ability). Many children we see need an "after school" appointment, therefore, holding a critical after school time slot for a child who is not attending regularly, only results in another child being unable to obtain therapy.

1. In accordance with Rehabilitation Associates, Inc.'s "No Show" policy, two missed appointments is reason for discharge.
2. Two Cancellations within one month will result in loss of set therapy time. Future appointments will need to be scheduled on a week to week basis depending on therapist's availability. We will have to discharge a child when absences and/or frequent tardiness interferes with progress of therapy. If we are unable to resolve an absence/tardiness issue, we will send a letter indicating closure of the child's case.
3. Please do not bring your child to therapy if they are feeling ill. We will certainly take into consideration absence due to illness. Please call us in advance when possible so we can offer the time slot to another child. Non-illness related cancellations within less than 24 hours of scheduled appointment will result in \$25 charge.

***I HAVE READ AND UNDERSTAND THE ATTENDANCE POLICY***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### EMAIL COMMUNICATION:

**CHILD'S NAME:** \_\_\_\_\_

If you choose to participate in email communication, we may occasionally send you emails about current treatment and/or programs we are running which may be of interest to you. General guidelines for email communication are below:

**Please DO:** Use your child's first name only, be short / concise and to the point, be respectful with language, and limit context to only the child's program / progress/ home exercises.

**Please DO NOT:** Use child's last name, do not use email for ANY cancel or change of appointment, do not forward any chain letters/ personal matters and please do not send emails if emotions are high.

***Signature below indicates my permission for email communication regarding my child:***

**Signature:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I would like to opt out of email communication

**Signature:** \_\_\_\_\_