

KIDZ R.I.S.E. ENROLLMENT APPLICATION 2026



Operated by: Occupational Therapy For Kidz, Specializing In Sensory Integration

Email: Occupationaltherapy4kidz@gmail.com

Program Fee: \$1,800 for the 6-week program

Contact# 718-949-5439

Dates: 7/6/2026 - 8/14/2026

Location: 219-02 Linden Blvd, Queens, NY 11411

Website: www.Occupationaltherapy4kidz.com

Hours: 12:00 pm – 2:30 pm

1. Student & Family Information

Child's Name: _____

Date of Birth: _____ Age: _____ *(If child is between the age of 3-5 you may continue to complete form. Otherwise, your child is ineligible)*

Mother Name _____ Phone _____ Email : _____

Father Name _____ Phone _____ Email : _____

Child's Primary Address: _____

2. Emergency Contact & Child Information

Primary Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

3. Allergies/Dietary Restrictions:

Medical Conditions, Allergies, or Other Information We Should Know: _____

4. Supports in Place Does your child currently have an IEP, IFSP, or receive related services? Yes No

If yes, provide details: _____

Note: Kidz R.I.S.E. welcomes children with diverse learning and developmental needs. Information regarding IEPs, IFSPs, or related services helps us better understand your child's strengths and support participation in program activities.

5. Daily Schedule



Our Daily Flow



Our program is structured to provide a **sensory intensive** experience to promote consistent **regulation** and targeted skill development through a progression of activities that support **self-regulation** and **emotional readiness**, **fine motor coordination**, **body awareness**, **visual-motor integration**, **social interaction**, **communication** all for school readiness.

1



Arrival & Group Play

Children begin their session with hand washing, greetings, and structured group activities that help them transition into the program, establish routines, build social connections, and prepare for successful participation in the day's activities.

2



Sensory Exploration

Children engage in sensory exploration by navigating sensory gym equipment, including swings, slides, a ball pit, tunnels, crash mats, trampolines, and a rock-climbing wall. These experiences provide opportunities for sensory stimulation and sensory calming while supporting body awareness, coordination, balance, and motor planning. Through sensory exploration, children develop the foundations of self-regulation, helping them become more grounded, focused, socially engaged, and ready to learn.

3



Challenge Block

Children are actively engaged in an obstacle course designed around the "skill of the day." Activities may include crawling over crash mats, jumping into crash mats, crawling through a tunnel, or rolling. During these activities, children retrieve materials such as Handwriting Without Tears® manipulatives, letters, or fine motor tools while building attention, listening skills, motor planning, visual-motor integration, and participation. Sensory strategies and sensory tools are incorporated to support self-regulation, turn-taking, and successful group participation. Activities may also incorporate NeuroNet and Brain Gym exercises to promote bilateral coordination, rhythm, and timing, motor planning, and attention.

4



Visual & Auditory Learning Activities

Activities incorporate matching games, auditory memory activities, visual tracking exercises, rhythm activities, songs, sound cue games, picture-based storytelling, letter activities, and early numeracy activities that support memory, communication, visual processing, listening skills, early literacy, and foundational math concepts through play-based learning.

5



Functional Art (Healthy Edible Creations)

Children participate in creative, hands-on art experiences using healthy foods. Activities encourage exploration, fine motor development, problem-solving, sensory engagement, and increased tolerance for new tastes, textures, and colors while creating fun, edible artwork.

6



Visual-Motor Integration & Fine Motor Skill Builders

Children engage in structured activities involving drawing, tracing, coloring, cutting, gluing, and pre-writing/writing activities that strengthen hand coordination, tool use, visual-motor integration, and school readiness skills.

7



Departure

Children participate in a final transition activity to conclude the session and prepare for dismissal.



★ Every step of our daily flow is intentionally designed to nurture regulation, build skills, and prepare children for success—one joyful experience at a time!

6. Parent Requirements for Participation in the 6-Week R.I.S.E. Intensive

To maximize your child's success in the program, families agree to support the following expectations throughout the 6-week session:

Do's

- **Prioritize Consistent Sleep:** Establish a bedtime routine that ensures your child receives 10-13 hours of sleep.
- **Encourage Nutrient-Dense Breakfasts:** Encourage nutritious, dinner-style proteins and vegetables at breakfast to fuel your child's brain and body.
- **Focus on Whole Foods:** Prioritize fresh, unprocessed, and non-artificially colored foods to maintain neurological stability.
- **Promote Consistent Hydration:** Ensure your child consumes plenty of water throughout the day!
- **Promote active play** (e.g., playground, beach).
- **Parents are welcome** to remain on-site in the designated waiting area or within the vicinity for the duration of the program session



- **Avoid Sweets and Juice:** Do not provide sweets or sugary juices, as these can interfere with the self-regulation and impulse control foundations we are building during the program.
- **Avoid Processed or Artificially Colored Foods:** Please refrain from providing highly processed or artificially dyed foods, as these can negatively impact your child's neurological focus and stability.
- **Avoid Disruptive Sleep Schedules:** Do not allow late bedtimes that compromise your child's ability to achieve the recommended 10-13 hours of daily sleep.

Parent Acknowledgment: I understand that the Kidz R.I.S.E. Intensive is designed as a highly structured program focused on self-regulation, attention, impulse control, participation, and school readiness. I agree to make reasonable efforts to comply with the program expectations listed above.

Parent Signature: _____

Date: _____

7. Consent of Parent and Acknowledgment of Risk

PLEASE READ CAREFULLY

Name of Program/Provider: R.I.S.E Enrichment Program by Occupational Therapy For Kidz, Specializing In Sensory Integration, LLP

Location: 219-02 Linden Blvd, Queens, NY 11411

I understand that my child will be given the opportunity to participate in developmental enrichment activities that involve sensory-based experiences and light to vigorous physical activity.

Program staff supervise on-site activities and are expected to review and comply with safety protocols & exhibit a professional code of conduct

Potential hazards may include, but are not limited to:

Sensory and Movement Equipment includes, but is not limited to, suspended swings, scooter boards, ball pit, climbing apparatus, slides, trampolines, obstacle course equipment, crash mats, and other sensory gym equipment

Program Materials may include, but not be limited to, shaving cream, play-dough, putty, scented oils or lotions, paint, glue, other art materials, edibles, and other sensory-based materials

Potential risks and injuries associated with participation may include, but are not limited to, trips, slips, falls, bumps, scrapes, or other injuries.

I acknowledge the nature of the program activities and understand that injuries may occur due to unforeseeable or accidental events despite reasonable supervision and safety precautions.

I acknowledge that it is my responsibility to advise OT For Kidz Specializing In Sensory Integration of any medical, developmental, behavioral, or health concerns that may affect my child's participation in program activities.

Medical Policy & Emergency Response Occupational Therapy For Kidz, Specializing In Sensory Integration, LLP is not authorized to administer any medications, including emergency rescue medications (e.g., EpiPens, inhalers, or seizure rescue medication). Parents/guardians are responsible for managing all daily and emergency medication needs.

In the event of a medical emergency, staff will prioritize the safety of the child by immediately contacting emergency services (911) and notifying the parent/guardian. All program staff are committed to acting in the best interest of the child's safety and well-being. By signing this document, the parent/guardian acknowledges that the program does not administer medication and that the parent/guardian remains responsible for informing the program of any medical conditions, allergies, or health concerns that may affect the child's participation in program activities.

Parent Consent and Acknowledgment of Risk

Parent/Guardian Signature: _____

Print Name: _____

Child's Name: _____

Date: _____

8. Program Participation, Safety & Media Consent

Nature of Program

I understand that Kidz R.I.S.E. is a developmental enrichment program and is not a preschool, academic institution, therapy program, or substitute for Department of Education services or programs.

Participation

I give permission for my child to participate in movement-based and sensory activities designed to support self-regulation, coordination, body awareness, social participation, and school readiness.

Safety

I understand that reasonable supervision and safety precautions will be provided during all program activities. I authorize emergency medical treatment if necessary.

Media Consent

I consent

I do not consent

to the use of photographs and/or video recordings of my child for program documentation, educational purposes, promotional materials, or marketing.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

9. Financial Policy & Subsidy Eligibility

Program Fee: \$1,800 for the 6-week program

Dates: 7/6/2026 - 8/14/2026

Program Hours: 12:00 pm – 2:30 pm

Tuition Policy

Payment Policy: Full tuition is due upon registration to secure your child's placement. Enrollment is not considered complete until payment has been received and all required forms have been submitted.

Preferred Payment: Zelle using occupationaltherapy4kidz@gmail.com

Optional Payment: Cash, Check, or PayPal through www.occupationaltherapy4kidz.com (must pay PayPal a 3% processing fee)

Parent Initials: _____

Refund Policy

Because enrollment is limited and staffing is planned based on registered participants, the following refund policy applies:

- A full refund will be issued if written notice of withdrawal is received on or before June 15, 2026.
- A 50% refund will be issued if written notice of withdrawal is received between June 16, 2026 and June 30, 2026.
- No refunds will be issued after July 1, 2026 or after the program has begun.
- No refunds or credits will be provided for absences, vacations, illness, early withdrawal, or missed program days.

Parent Initials: _____

Financial Assistance

Families seeking to utilize the NYC Child Care Assistance Program (CCAP) must complete “Part B: Enrollment Form for Parent/Caretaker for Legally Exempt Group Child Care Programs” and submit any required supporting documentation (pages 19-23). Please be advised that applying for childcare assistance does not guarantee approval. Families are responsible for all tuition costs until the subsidy is formally approved, processed, active, and payment has been received by Occupational Therapy For Kidz, Specializing in Sensory Integration, LLP. If subsidy payments are subsequently received by Occupational Therapy For Kidz, Specializing In Sensory Integration, for an enrollment period

in which tuition was previously paid by the family, the family will be reimbursed for any duplicate tuition payments received for the same approved enrollment period. Reimbursement will be issued after subsidy funds have been received and verified by Occupational Therapy For Kidz, Specializing In Sensory Integration, LLP.

Parent Initials: _____

Required Submission

To initiate the subsidy application process, families must submit a completed Part B: Enrollment Form for Parent/Caretaker for Legally Exempt Group Child Care Programs and any required supporting documentation (pages 19-23 of this application)

Important Notice: Approval for childcare assistance is determined solely by ACS/WHEDco and is not guaranteed.

Occupational Therapy For Kidz does not determine subsidy eligibility, approval status, subsidy amounts, or payment timelines.

Parent Initials: _____

Eligibility Criteria

To qualify for childcare assistance, families must meet requirements established by ACS/WHEDco and New York State.

Income Requirement

Total household gross annual income must be at or below the applicable New York State income threshold. Eligibility is determined solely by ACS/WHEDco.

Verified Need for Care

Families must meet at least one of the following:

- Working at least 10 hours per week
- Enrolled in an approved educational or vocational training program
- Actively seeking employment
- Living in temporary housing or shelter
- Receiving services related to domestic violence
- Receiving treatment for substance abuse

PART B: ENROLLMENT FORM FOR PARENT/CARETAKER FOR LEGALLY EXEMPT GROUP CHILD CARE PROGRAM

Part B must be completed by the parent/caretaker enrolling his/her child(ren) receiving assistance in a legally exempt group child care program.

SECTION 1: Program Information

Program Information					
Child Care Program's Legal Name:			Enrollment Number (if known)		
Site Address: Street Address	Apt/FI #	City	State	Zip Code	County

SECTION 2: Parent/Caretaker Information

Parent/Caretaker Information:					
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses.)		MI	Suffix
Date of Birth / /	Gender	Home Phone () -		Work Phone () -	
Cell Phone () -		Email Address			
Home Address: Street Address		Apt /FI #	City	State	Zip Code County
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as above		Apt/FI #	City	State	Zip Code
Child Care Assistance Paying District:		Preferred Language			

(For Enrollment Agency Use)

Received Date: / /	Completed Date: / /
CCFS ID:	Facility Name:

SECTION 3: Children Receiving Child Care Assistance

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First	Last	MI	Date of Birth / /	Gender
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name: First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

SECTION 4: Parent/Caretaker Certification

To the best of my knowledge, I hereby affirm that the information provided on <i>Part B</i> of this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care assistance payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.	
Signature of Parent/Caretaker:	Date: / /

SECTION 5: On-Site Director Certification

I hereby affirm that I have reviewed <i>Part B</i> of this form, and that to the best of my knowledge, the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment for deliberately presenting false or misleading information.	
Signature of On-Site Director:	Date: / /

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Detach here and retain for your own records.

SECTION 6: Parent/Caretaker Attestations and Agreements

By signing this enrollment application, the parent/caretaker attests and agrees to the following:

- I understand it is my responsibility to choose a program that meets the needs of my child(ren). I certify that I have selected this program to care for my child(ren).
- I have reviewed the Health and Safety Requirements listed in the **18 NYCRR 415** and agree that the provider must meet and continue to meet all requirements.
- My child care program must give me unlimited and on-demand access to the following, including:
 - Access to my child(ren)
 - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren)
 - Access to the staff for my child(ren)
 - Access to written records about my child(ren) except when otherwise restricted by law
- I will notify the enrollment agency immediately if
 - my address or phone number changes, **OR**
 - I have any concerns about the health and safety of my child(ren) in the program's care.
- I understand that this enrollment applies **ONLY** to the program and the location of care listed in **Part A, Section 1**. If the program **OR** the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new program or the new location.
- I will immediately notify the local social services district and the program if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- I agree to pay my family share, if any, as directed by the local social services district.
- I understand that if the program is denied enrollment or has its enrollment terminated, the program will be considered ineligible to provide child care. The local social services district cannot pay a program or issue payment for the care given by a program that cannot be enrolled or is ineligible to receive child care payment.
 - If I choose to use an ineligible program, the program can hold me responsible to pay for the child care.
 - I understand I have the right to select another program.
- I understand the decision to enroll in this program is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of the program's eligibility to provide child care to children receiving child care assistance, and/or a denial or termination or enrollment. If the program provides child care services while enrolled under false pretenses, or while the program is an ineligible child care provider, the local social services district may refuse to issue child care assistance payments, terminate child care assistance payments, and/or take legal action against me or the child care provider.

10. Child Medical Information Form

Child's Name: _____

Date of Birth: _____

Physician/Pediatrician: _____

Physician Phone Number: _____

Preferred Hospital (Optional): _____

Medical History

Does your child have any medical conditions that may affect participation?

- No
 Yes (please explain)

Allergies

Does your child have any allergies?

- No
 Yes

Please check all that apply:

- Food Allergy
 Medication Allergy
 Environmental Allergy
 Insect Sting Allergy

Allergy Details:

Additional Information We Should Know

Parent Acknowledgment

I certify that the information provided above is accurate and complete. I understand that it is my responsibility to notify Occupational Therapy For Kidz, Specializing In Sensory Integration, LLP, of any changes to my child's health status, allergies, or medical conditions that may affect my child's participation in program activities.

I understand that Occupational Therapy For Kidz, Specializing In Sensory Integration, LLP does not administer medications to participants. Parents/guardians are responsible for managing any medication needs before, during, and after program participation.

I understand that failure to disclose medical conditions, allergies, activity restrictions, or other health-related concerns may affect my child's ability to safely participate in program activities.

In addition to completing this form, a copy of the child's most recent physical examination, completed by a physician, must be submitted prior to participation in the Kidz R.I.S.E. program.

Parent/Guardian Signature: _____

Date: _____

REQUIRED ENROLLMENT DOCUMENTS CHECKLIST

Kidz R.I.S.E. Intensive Learning Enrichment Program

Child's Name: _____

Parent/Guardian Name: _____

Please ensure all applicable sections of this enrollment packet have been completed prior to your child's first day of participation.

- Section 1: Student & Family Information
- Section 2: Emergency Contact & Child Information
- Section 3: Allergies, Dietary Restrictions & Medical Information
- Section 4: Supports in Place (IEP, IFSP, Related Services)
- Section 6: Parent Requirements for Participation in the 6-Week R.I.S.E. Intensive
- Section 7: Consent of Parent and Acknowledgment of Risk
- Section 8: Program Participation, Safety & Media Consent
- Section 9: Financial Policy & Subsidy Eligibility (including required initials)
- Section 10: Child Medical Information Form
- Copy of Child's Most Recent Physical Examination completed by a physician

Families Applying for Child Care Assistance (CCAP)

- Part B: Enrollment Form for Parent/Caretaker for Legally Exempt Group Child Care Programs
- Required ACS/WHEDco Supporting Documentation

Final Enrollment Certification

I certify that all required enrollment documents have been submitted and that the information provided is accurate and complete.

Parent/Guardian Signature: _____

Date: _____