

Clinical Connections Program Request
 2225 Lakeside Drive Bannockburn, IL 60015
 Phone: (847) 234-0688 Fax: (847) 234-0687

Child's Name _____ Child's Age _____
 Parent/Guardian's Name _____
 Home Phone Number: _____ Cell/Work Number: _____
 Address _____ City: _____
 Email Address: _____

I would like to register for the following programs: (Use corresponding program code; specify sessions per week and hours per session when applicable)

Ex. PPH _ 2 sessions per week, _ 2 hours per session

1. _____ sessions per week, _____ hours per session
2. _____ sessions per week, _____ hours per session
3. _____ sessions per week, _____ hours per session
4. _____ sessions per week, _____ hours per session
5. _____ sessions per week, _____ hours per session

We will do our best to schedule sessions back to back.

When programs do not have specific time information, please indicate ALL DAYS AND TIMES AVAILABLE for therapy. Circle your preferred times in red.

| | | | | | | | | | | | | |
|------------------|---|---|----|----|----|---|---|---|---|---|---|---|
| Monday | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Tuesday | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Wednesday | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Thursday | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Friday | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Saturday | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | | |

Special Instructions:

Thank you! We will do our best to accommodate you!