



Lego Group Enrollment Application

Child's name: _____ Date of birth: _____ Gender: _____

Parent(s) name: _____

Address: _____

Telephone #: Home _____ Work _____

Cell #: _____ Cell #: _____

Email Address: _____

Emergency Contacts other than parent/guardians:

Name/Phone #: _____

Name/Phone #: _____

Permission to sign out from RTA Center? Yes _____ No _____

Allergies _____

Diagnoses _____

Does your child have a RTA Center information packet on file? ___Yes ___No

A completed information packet is required for all services and will be kept on file for one year.

Cost is based on a sliding fee scale and can range form \$40 to \$70.00 a session. Total amount of sessions is 5 weeks. Payment options available.

If you are interested in applying for the sliding fee scale, please answer the following:

How many people are in your household? _____

How many working adults in the household? _____

Please submit application to the RTA Center and staff will contact you with dates and times for up-coming groups! Thank you!

Parent/Guardian signature _____ Date: _____