



Program Registration 2015

I, _____, would like to sign-up my child, _____, for the following:

_____ **Pre-K Early Intervention Program: 2, 3, 4, and 5 days a week: AM, PM, or all day;**
(Circle days and times that you want your child to attend)

AM – Mon Tue Wed Thu Fri
PM - Mon Tue Wed Thu Fri

Social/Language Groups:

- _____ 3 to 6 year olds, Mondays, 4:30 -5:30 PM
- _____ Pip Squeaks (2 year olds), Wednesday & Thursday, 10:00 – 11:00 AM
- _____ 7 to 10 year olds, Wednesdays, 4:30 – 5:30 PM
- _____ Middle School through High School, Wednesdays, 4:30 – 5:30 PM

_____ **Art: Sensory/Language:** Tuesdays, 4:30 – 5:30 PM

_____ **Motor/Language Group:** Thursdays, 4:30 – 5:30 PM

_____ **Individual Speech Therapy**

_____ **Picky Eaters Program**

_____ **Occupational Therapy**

_____ **Music Therapy**

_____ **Dance/Movement Therapy**

_____ **Mom and Dad’s Night Out:** one Friday evening each month; 6:00 to 9:00 PM

_____ **Parent Workshops:** (circle those that interest you) communication, child development, advocacy (IEP Process), developmental disorders, behavior management, and estate planning.

I have enclosed the \$50 registration fee.

Name: _____ Phone: _____

E-Mail: _____ Cell Phone: _____

Child’s Name: _____ DOB: _____

Serving families and children with special needs.

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