



Therapy Registration Scheduling Request 2021-2022

Child's Name: _____

Parent/Guardian(s) Name: _____

Phone (Primary): _____ Phone (Secondary): _____

Home Address: _____

*E-mail (Required): _____

Child's Physician: _____

My Child is currently enrolled at The Learning Spectrum:

Central (Worthington) ☐ North East (Johnstown) ☐ South (Canal Winchester) ☐

My child attends school/ programming elsewhere; needs outpatient therapy only: ☐

I would like for my child to receive services at the following location:

Central (Worthington) ☐ North East (Johnstown) ☐ South (Canal Winchester) ☐

I would like for my child to receive the following services utilizing the listed funding source:

Service :

Funding Source - Please List:

Speech Therapy ☐

Occupational Therapy ☐

Music Therapy ☐

**NOTE: if utilizing insurance/Medicaid, a copy of your card must be submitted with this form.*

My child receives additional therapy services outside of The Learning Spectrum: ☐

Day(s): _____ Time(s): _____

Please list top three day/time preferences below if your child does not attend The Learning Spectrum or needs before/after school accommodations:

My child may receive services during TLS day/school hours

Please schedule therapies back to back ☐ ☐

Day(s): _____ Time(s): _____

Additional Notes: _____

Please return this form along with a copy of your insurance and/or Medicaid cards (front and back) to: therapy@thelearningspectrum.com