

St Croix Therapy

Summer Feeding Programs



Come join our St Croix Therapy clinicians this summer for a feeding program designed to increase skills and opportunities for positive mealtime skills utilizing the Sequential Oral Sensory Method

The group Ages 5-8 experience will be led by Dre and Holly, Speech-Language Pathologist and Occupational Therapist, with years of experience in feeding. The group ages 12-16 experience will be led by Kathy, Occupational Therapist, with years of experience.

The Sequential Oral Sensory Method (SOS) approach to feeding was developed over 25 years ago by Dr. Kay Toomey. It is used to address problematic feeding behaviors in a variety of populations. This method focuses on increasing a child's comfort level by exploring and learning about the different properties of food in a playful, non-stressful way.

The program will begin with the child's ability to tolerate various foods in the room and in front of them followed by a hierarchical process using look, smell, touch, and taste.

Please e-mail Dre or Kathy with questions: dkane@stcroixtherapy.org
kbarrett@stcroixtherapy.org

REGISTRATION:

Child's Name: _____ Child's Age: _____

Parent/Caregiver: _____

Email: _____

Phone: _____



**AGES 5-8
SUMMER FEEDING
SESSION – JUNE 15 –
JULY 20 WEDNESDAYS
12:30-2:00PM**

**AGES 12-16
FOOD SCIENTIST
APPROACH COOKING
SESSION – JUNE 15 –
JULY 20 FRIDAYS 10:00-
11:30AM**

**6 WEEKS, 1.5 HOUR
SESSIONS,
TOTAL COST: \$180
LIMIT 4 KIDS/SESSION**

**REGISTRATION DEADLINE
JUNE 7, 2022**

Submit this Registration form & Waiver to St Croix Therapy with a \$50 non-refundable deposit, by June 7th, to reserve your child's spot.

The remaining balance due can be paid prior to the start of the program or at the first session.

Assumption of Risk and Waiver of Liability

Participation at St Croix Therapy (SCT) involves elements of risk to participants. In consideration of my being allowed to participate at St Croix Therapy, located at 742 Sterbenz Dr., Hudson WI, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates, and executors, voluntarily agree to assume all inherent risks incidental to St Croix Therapy, and agree that St Croix Therapy, its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site, and their successors and/or assigns ("SCT"), are not liable for, and I/we hereby release SCT from, any and all claims for cost, damages, death and/or injury to the fullest extent allowed by law resulting from those participating at St Croix Therapy, even if arising from ordinary negligence of SCT. Participants and/or visitors agree to observe all rules of St Croix Therapy.

Medical Certification & Release

In the event of any medical emergencies, I authorize St Croix Therapy to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume full responsibility for all cost associated therewith.

I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to the above medical authorization and waiver.

Signature: _____ Date: _____