



Kiddo Active's feeding club is inspired by the SOS approach to feeding program designed by Dr. Kay Toomey. Feeding sessions are conducted by our multidisciplinary team, consisting of both an occupational therapist (OT) and a registered dietician (RD). Each group is designed specifically for the children who are registering in it, based on age and ability level.

Each session will focus on food exploration and desensitization. The aim of this therapy is to increase variety and textures in your child's diet. Each session will begin with a gross-motor warm-up, followed by food exploration. A weekly document will be provided to each family for parents to record progress at home and daycare/school.

Parent coaching is provided in parent only workshops. It is our aim that the information and experiences from our feeding club transition well to the home environment.

Ratio:

- Class size between 4-6 children.

Schedule:

Group 1: Up to 30 months

Required Workshop Tuesday 27th Feb 7:00-8:00pm (Parents Only)

Sessions 1: Thursday March 1st 2018 10:45AM-12:00PM

Sessions 2: Thursday March 8th 2018 10:45AM-12:00PM

Sessions 3: Thursday March 15th 2018 10:45AM-12:00PM

Sessions 4: Thursday March 22nd 2018 10:45AM-12:00PM

Sessions 5: Thursday March 29th 2018 10:45AM-12:00PM

Sessions 6: Thursday April 5th 2018 10:45AM-12:00PM

MAKE UP SESSION Thursday April 12th 2018 10:45AM-12:00PM

Required Summary Workshop Tuesday 16th April 7:00-8:00pm (Parents Only)

Group 1: 2.5-6 years old

Required Workshop Monday 19th Feb 7:00-8:00pm (Parents Only)

Sessions 1: Saturday Feb 24th 2018 2:00PM-3:15PM

Sessions 2: Saturday March 3rd 2018 2:00PM-3:15PM

Sessions 3: Saturday March 10th 2018 2:00PM-3:15PM

Sessions 4: Saturday March 17th 2018 2:00PM-3:15PM

Sessions 5: Saturday March 24th 2018 2:00PM-3:15PM

Sessions 6: Saturday March 31st 2018 2:00PM-3:15PM

MAKE UP SESSION Saturday April 7th 2018 2:00PM-3:15PM

Required Summary Workshop Monday 9th April 7:00-8:00pm (Parents Only)



Group 2: 7-8 years old

Required Workshop Monday 19th Feb 7:00-8:00pm (Parents Only)

Sessions 1: Saturday Feb 24th 2018 3:30PM-4:45PM

Sessions 2: Saturday March 3rd 2018 3:30PM-4:45PM

Sessions 3: Saturday March 10th 2018 3:30PM-4:45PM

Sessions 4: Saturday March 17th 2018 3:30PM-4:45PM

Sessions 5: Saturday March 24th 2018 3:30PM-4:45PM

Sessions 6: Saturday March 31st 2018 3:30PM-4:45PM

MAKE UP SESSION Saturday April 7th 2018 3:30PM-4:45PM

Required Summary Workshop Monday 9th April 7:00-8:00pm (Parents Only)

Location:

All sessions will take place at Kiddo Active Pointe-Claire: 223 boul. Saint-Jean, Pointe Claire.

Cost:

\$699 for 2 parent workshops sessions & 6 sessions with the children (\$87 per session)

Receipts will be provided for insurance and income tax purposes

Registration:

Registration will be accepted by email, mail or in person.

Receipts will be provided at the last session.

Checks can be made out to Kiddo Active Therapy. Credit card and debit payments can be made at the clinic or by phone.

Registration form attached below.

Policy:

Kiddo Active Therapy cancellation policy for groups:

- In the case of cancellation prior to the registration deadline of February 5th, a full refund will be granted.
- In the case of cancellation past the registration deadline, a refund of 50% of the fees will be granted.
- In the case of cancellation after the first session, no refund will be granted, unless the therapists determine that the group is not the right fit for the child.

The registration deadline for this group is February 5th, 2018

Please contact us at 514-428-0123 or info@kiddoactive.com for more information.

REGISTRATION FORM – FEEDING CLUB GROUP FEBRUARY 2018

Client Information

Child's Name :	
DOB :	Gender : <input type="checkbox"/> F <input type="checkbox"/> M
Address :	
Grade :	

Primary Caregiver :	
Relation :	
Address :	
Phone number :	Cell :
Email :	

Emergency contact other than primary caregiver :	
Relation :	
Phone number :	Cell :

Is your child followed in Occupational therapy or Nutrition : <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and location of therapist :	
How did you hear about our Feeding Club?	

Does your child have a diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is it:	
If it is asthma, will you have a pump with you: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Due: <input type="checkbox"/> \$699	
Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit <input type="checkbox"/> Cash	

Additional Information we should know about your child:

Parent or Legal Guardian