



Date: _____

Cancellation Policies

Cancellations and No-Show Policy

At My Kids Therapy, we are dedicated to providing the best one-on-one treatment possible for your children. This requires a time commitment from our therapists and your family. We will do our best to provide advanced notice of any changes in your child's therapy schedule. Along the same lines, we require 24 hour advanced notice for all cancellations.

- 1) All appointments cancelled within fewer than 24 hours will be subject to a \$50 cancellation fee.
- 2) This fee may be waived if the appointment is rescheduled and attended within a 2 week time frame.
- 3) Excessive cancellations (≈40-50% of scheduled appointments) will result in the loss of your reserved appointment time.

_____ Parent Initial

Sick Policy

At My Kids Therapy, we want to support the health of your child, your therapist, and other families who attend therapy.

- 1) Your child must be free from fever, stomach virus, or other contagious illnesses for 24 hours prior to attending therapy.
- 2) If your child has residual effects (e.g. runny nose, cough, etc.) of an illness that has lasted more than 4-7 days and is no longer contagious, please use your best judgement regarding therapy appointments.
- 3) Family members, who remain in the waiting room during therapy sessions, must also be free from fever, stomach virus, or other contagious illnesses for 24 hours prior to therapy sessions.
- 4) We understand that children can become ill on the day of your session. In order to avoid the cancellation fee sessions must be rescheduled and attended within a 2 week time frame.

_____ Parent Initial

Inclement Weather Policy

Please note that My Kids Therapy does not follow local (Prince George or Montgomery County) school closings and delays. Please call to see if the office is open at these times. Our first concern is for your safety and the safety of our therapists. Our clinic is often open on days that schools are closed for those families who wish to make up appointments or schedule additional therapy sessions at this time.

_____ Parent Initial

I have read and agree to the above policies.

Child's Name: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Staff Witness Name: _____

Staff Witness Signature: _____ Date: _____