



Kids Therapy, Ltd.

www.kidstherapyonline.com

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22285 Pepper Road, Suite 301
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CANCELLATION POLICY

Child's Name _____

It is our policy that children are serviced at a consistent time and location based on need. We reserve the right to change times based on need, but maintain a consistent schedule for the family.

In order for our families to be best served and meet the needs of your child, we ask that cancellations be minimized. We also ask that you please notify the clinic or your therapist **as soon as possible** when a cancellation is necessary as many of our therapists are traveling from other locations.

We reserve the right to no longer hold a consistent time for your child if cancellations exceed three times in a two month time frame. Discontinuing a time slot will be at the therapist's discretion based on circumstances. If a child has been ill for an extended time period (greater than two weeks), we ask that your doctor put in writing that therapies may resume.

I am aware of the Kids Therapy Cancellation Policy and agree to abide by this policy.

Parent/Guardian Signature

Date