

# Sensory Summer Program July 11 - Aug 19, 2005



**CROTCHED  
MOUNTAIN**



1 Verney Drive  
Greenfield, NH 03047  
800-258-1466  
[www.crotchedmountain.org](http://www.crotchedmountain.org)



Crotched Mountain  
Outpatient Services  
1 Verney Drive  
Greenfield, NH 03047

## Registration Form

Student Name: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

Program: \_\_\_\_\_  
Age Group: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_  
Amount Enclosed: \_\_\_\_\_

Please enclose check  
made payable to Crotched Mountain,  
along with registration form.

# Children Start Your Engines!



Now is a great time for children to “rev up their engines.” We are proud to offer a six-week program for children who wish to expand their play skills and social development.

## Blow Your Horn (Oral Motor)

This program is designed for children with oral motor delays. Activities will focus on oral dysfunction and tactile defensiveness. The group meets one time a week for one hour.

**\$180.00**

**Wed 10-11am**

**Ages 3+**

## Start Your Engines

Sensory Motor Group for the little ones that will focus on socialization skills using a variety of sensory games. Activities will focus on enhancing gross motor, fine motor, and sensory skills. The group meets two times a week for one hour.

**\$260.00**

**Mon/Wed 9 - 10am Ages 3 - 5**

## Check Your Engines (The Alert Program)

This program is designed to assist children to learn about themselves on a very basic level. It teaches them how to monitor their bodies to let them know when they are ready to work, play, listen, attend, and participate in all activities of life.

Groups meet two times per week for hour.

**\$260.00**

**Tues/Thurs 9 -10 am Ages 6-9**

**Tues/Thurs 10 -11 am Ages 10-12**

**Deadline for Registration  
is June 10, 2005**

**For further information**

**please contact**

**Jennifer Booth**

**603.547.3311**

**ext. 360**

**If you wish to register**

**please send in**

**attached registration form**

**and full payment to:**

**Crotched Mountain**

**Outpatient Services**

**1 Verney Drive**

**Greenfield, NH 03047**

**[outpatient@crotchedmountain.org](mailto:outpatient@crotchedmountain.org)**

