

Physiotherapy Intensive Registration August 18-22, 2025			
Date of Birth:			
Phone:			
Mailing Address:			
Parents/Caregive	rs:		
E-mail Address:			
Current Client of CTC PT: Yes No			
	<u>.</u>		
Requested sessions per day			
One x 45-minute session per day (total of 5 sessions)			
☐ Two x 45-minute sessions per day (total of 10 sessions)			
Preferred time slots			
1 st Choice	2 nd Choice	3 rd Choice	4 th Choice
☐ 9:00am	☐ 9:00am	☐ 9:00am	☐ 9:00am
☐ 10:00am	<u></u> 10:00am	10:00am	10:00am
☐ 11:00am	<u></u> 11:00am	<u></u> 11:00am	11:00am
☐ 12:00pm	<u> </u>	☐ 12:00pm	
☐ 1:00pm	1:00pm	1:00pm	1:00pm
☐ 2:00pm	2:00pm	2:00pm	2:00pm
☐ 3:00pm	☐ 3:00pm	☐ 3:00pm	3:00pm
4:00pm	☐ 4:00pm	4:00pm	4:00pm
☐ 5:00pm	5:00pm	5:00pm	☐ 5:00pm
☐ 6:00pm	☐ 6:00pm	6:00pm	6:00pm
∐ Any	☐ Any	∟ Any	∐ Any

Notes:

- A deposit of \$200 via e-transfer to info@childrenstherapycollective.com will be required to hold your child's space for intensives, this will be refunded after intensive or applied to sessions. Deposit will be refunded if entire intensive is cancelled on or before July 1, 2025.
- Direct billing is available to most extended health benefits companies.



info@childrenstherapycollective.com



204-202-3259



431-305-5704