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SIGNATURE STARS REGISTRATION FORM

Child's Name _____ Sex _____ Age _____
Date of Birth _____ Mother's Name _____ Father's Name _____
Address _____ Town _____ Zip _____
Home # () _____ Mother's Cell # () _____ Father's Cell # () _____
E-Mail _____

Please list any medical issues/medications or allergies that your child has:

Services at Abilities in Action (please circle): PT ST OT
Other therapies received outside of AIA: _____
What would you like to see your child do better?

Any other information we should know?

Location: Abilities in Action, 166 Patterson Avenue, Suite 8, Shrewsbury, NJ 07702

Sessions:

Tuesdays 11am-12pm, July 1-August 19, 2025 (8 sessions)
Cost: \$400

**Sessions are not billable to insurance. \$30.00 fee will be assessed for returned checks.*

ENROLLMENT CRITERIA

- Participants must be able to differentiate between upper and lower case letters, identify printed letters and their sounds, and have adequate pencil control. Unfortunately, children are not eligible for our groups if they have self-injurious behaviors/aggression.

Signature: _____ Date: _____

****Mail completed enrollment form and check to:**
Abilities in Action
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