

Client Name: _____ Date: _____

Last Grade Completed _____ Age: _____ DOB: _____ Sex: M F

Parent(s) Name (s) _____

Daytime Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address _____

My child is **NOT** available for group on the following days or times: (circle all that apply)

Monday	11:00am – 6:00pm	_____ (enter specific times)
Tuesday	11:00am – 6:00pm	_____
Wednesday	11:00am – 6:00pm	_____
Thursday	11:00am – 6:00pm	_____
Friday	11:00am – 6:00pm	_____
Saturday	10:00am - 3:00pm	_____

Tuition for our 8 week summer program, *Making Connections*, is \$960 for groups of 3-4 students and \$1080 for a dyad (a group of 2). **A deposit of \$50.00** is required for enrollment along with the registration form and must be submitted by May 13th, 2011. This deposit *does not* guarantee placement in a group as we have to make sure there is an appropriate grouping available. Once your group placement is confirmed the deposit will be applied towards the total fee of the summer program. Tuition is due in full by the 2nd week of groups (week of June 22nd). Individual therapy is also available at \$110 per session. Please inquire about programs and services in **August**.

***New students** must fill out the enrollment form and come in for a consultation ("meet n greet") prior to a group placement .

Please sign below to indicate your agreement with the following statements:

I understand and agree that Communication Works will determine if my child is appropriate for group therapy and will arrange groups according to ability, maturity, age and availability. My child will then be placed in the most appropriate group as determined by CW. If there are no openings in an appropriate group for my child, Communication Works will refund the deposit. If I elect to withdraw my child from the program after submitting the registration form, the \$50 deposit will *not be* refunded due to the amount of time and organization that is spent in considering placement options for each client.

To ensure the highest level of progress for your child and because other clients are dependent on the commitment of the fellow group participants there are no refunds for missed sessions (planned or unplanned).

Students will be videotaped for clinical and therapeutic purposes unless otherwise specified.

Signature _____ Date: _____

Printed Name _____

Please make checks payable and send registration forms to the address below:

Communication Works 4400 Keller Ave. Ste 200 Oakland, CA 94605 (510) 639-2929 www.cwtherapy.com
 CW Speech & Language Pathologists, Inc.