



Speech • Language • Social Learning

Summer Registration Form

June 21th-July 30st 2010

Student Name: _____ Date: _____

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

Guardian(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 mornings afternoons _____ (enter specific times)

Wednesday mornings afternoons _____

Thursday mornings afternoons _____

Friday mornings afternoons _____

Tuition for the summer program is **\$700.00** A deposit of **\$200.00** is required for enrollment along with the registration form. Please submit no later than May 1, 2010. The deposit will be applied towards the total fee of \$700.00 for the summer program. Tuition is due in full by the 2nd week of class (July 3rd).

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 and age. 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, my deposit will not be refunded. Please note that a significant amount of administrative effort goes into the organization of these groups and other clients are dependent on the commitment of the fellow group participants.

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: