

Saturday Speech Therapy, Drama & Social Skills Program
January 7th-March 10th, 2012*

Child's Name: _____ Age: _____ Birthdate: _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Phone # (home): _____ Phone # (work): _____

Phone # (cell): _____ E-Mail: _____

Address: _____

Emergency Contact (name & #): _____

Child's Health Card #: _____ Allergies/special diet: _____

Medical /special conditions: _____

Which group are you registering for?

- School Age 1 (10-12 years) 9:00-11:00
- School Age 2 (8-9 years) 11:00-1:00
- Teen/Tween Group (13+ years) 1:30-3:30
- Preschool Group (5-7 years) 3:30-5:30

**Do you have specific communication goals for your child that you would like to be targeted?*

**How does child communicate? Circle all that apply (pictures, gesture/sign, single words, sentences).*

**What is child's main way of communicating? Circle one (pictures, gesture/sign, single words, sentences).*

**If using sentences, list 5 examples.*

Fee: \$530 by December 9th, 2011 (cheque payable to Tina Gasee; postdated to Jan 1, 2012); \$560 thereafter

Mail to: Saturday Speech Club, 48 Chopin Blvd., Thornhill ON L4J 8Y6

Payment details: Payment deadlines are strictly followed. Please provide name & signature of person responsible for payment.

Name: _____ Signature: _____ Date: _____

Sign below if you give us permission to photograph/video your child during program activities. Photographs/recordings may be taken to capture memorable moments, be used for therapy purposes & may also be used to help promote the program.

Parent's name: _____ Signature: _____ Date: _____

*8 week program; no session January 28; program ends March 3; March 10 is reserved as a make-up date if a session is cancelled for emergency/weather conditions.