

Woodbourne Speech and Language Center

Kim Banson Sabourin, MA, CCC-SLP

81 Big Oak Road, Suite 101

Morrisville, PA 19067

(215) 337-9420 • fax: (215) 337-9423 • info@woodbournespeech.com

Sign & Play Enrollment Form

Please call us at (215) 337-9420 if you have questions or would like to discuss the appropriateness of the program for your child.

Child's Name _____ Birthdate _____ Age _____

Name of Parent(s) _____

Address _____

Phone: Home _____ Office _____ Cell _____

Please indicate days/times you are available from the potential time slots below. If you prefer, you may also rank your preferred times in order of preference (leave any times you are unavailable blank):

___ Monday mornings ___ Tuesday mornings ___ Tuesday afternoons

___ Thursday mornings ___ Thursday afternoons ___ Friday afternoons

My child ___ is / ___ is not currently in speech therapy.

If yes: Name of treating speech-language pathologist: _____

Brief description of your concerns regarding your child's speech: _____

Along with the above application, please enclose your tuition payment of \$90 (payable to "**Woodbourne Speech and Language Center**"); this payment is refundable until we have agreed together on a time slot; after that point, if you must cancel, your tuition is non-refundable unless we can find someone else to take your vacated slot.