

Woodbourne Speech and Language Center Summer Speech Therapy Program Registration Form August 4-15, 2008

Child's Name: _____

Date of Birth: _____ Age: _____

Name of Parent(s): _____

Address: _____

Phone: Home: _____ Cell: _____

Check one: My child _____ is / _____ is not currently enrolled in speech therapy.

If yes, name of treating SLP: _____

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

Please choose at least two or three possible time slots, using numbers for your order of preference ("1" = first choice, "2" = second choice, etc.)

_____ 9:30 - 10 am	_____ 1 - 1:30 pm	_____ 3:30 - 4 pm
_____ 10 - 10:30 am	_____ 1:30 - 2 pm	_____ 4 - 4:30 pm
_____ 10:30 - 11 am	_____ 2 - 2:30 pm	_____ 4:30 - 5 pm
_____ 11 - 11:30 am	_____ 2:30 - 3 pm	_____ 5 - 5:30 pm
_____ 11:30 - 12 pm	_____ 3 - 3:30 pm	_____ 5:30 - 6 pm

We will make every effort to accommodate your preferred time slot; however, since time slots are assigned on a first-come, first-served basis, we cannot guarantee that your first choice will be available.

Along with the above application, **please enclose a deposit of \$100.00**; this deposit is refundable until we have agreed together on a time slot; after that point, if you must cancel, your deposit is nonrefundable unless we can find someone else to take your vacated time. Balance of payment is required by August 4, 2008.

Checks can be made payable to "**Woodbourne Speech and Language Center**". Please mail payment, along with completed application and deposit, to **Woodbourne Speech and Language Center, 81 Big Oak Road, Suite 101, Morrisville, PA 19067**