



speech start

1 Bethany Road Suite 60, Building 5 Hazlet, NJ 07730

P: (732) 888-3912 F: (732) 888-3916

speechstartnj.com

SiLAS Group Therapy Summer 2016 Group Registration Form

Child's Name: _____

Address: _____

Phone #: _____

I am interested in enrolling my child in the following:

Groups run from June 27-July 29 and August 1-August 26

SiLAS Group Monday, ages 13+: Manalapan Office (Excluding July 4)

SiLAS Group Tuesday, ages 7-10: Hazlet Office

SiLAS Group Wednesday, ages 5-7: Fair Haven Office

SiLAS Group Thursday, Ages 10-13: Hazlet Office

\$350.00 payment for groups that occur 1x week for 1.5 hours due on May 15 and then again on July 15.

Speech Start, p.a. reserves the right to cancel this agreement at any time due to lack of enrollment or determination of appropriateness of the child to the setting.

- Group registrations must be accompanied by payment in full.
- Speech Start Group reserves the right to terminate this agreement at any time.

I agree to the tuition and payment schedule as outlined above. My child has my permission to use all of the group facilities and participate in all group activities. I agree to complete and return to Speech Start a medical emergency information and dismissal verification form, to be provided by Speech Start. I give permission for Speech Start Group to use any pictures taken during group for publicity or advertising. I agree to escort my child to and from the group building for arrival and dismissal and understand that I am responsible for the child's safety until the child is inside the group building.

Receipt

Enclosed is \$ _____ (first payment in full) Check # _____

Parent signature _____ Date _____