



1 Bethany Road Suite 60, Building 5 Hazlet, NJ 07730
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speechstartnj.com

Academic Group

Summer 2013 Group Registration Form

Child's Name: _____

Address: _____

Phone #: _____

I am interested in enrolling my child in the following:

Groups run from: 12:30 – 3:00

All sessions are held on: Tues, Wed, and Thurs
of each week.

If your child is not attending the 3 day a week program your payment will be adjusted accordingly to the number days per week that he or she is attending.

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

This registration form must be accompanied by payment in full.

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 \$ _____ deposit, \$ _____ payment in full _____ check #

Parent signature _____ (required)

Date _____