



TEACH SPEECH 2022 SUMMER REGISTRATION FORM - PAGE 1 OF 3

Please email the completed form to: learn@teachspeechservices.com

Registration Deadline is June 1, 2022

<u>Child Information</u>		
Last Name	First Name	
Street Address	Apt/Unit #:	
City:	State:	Zip:
Date of Birth:	Age:	Grade:
Physical &/or Dietary Restrictions:		
Allergies:	Yes No	If yes, please explain:
<u>Parent/Caregiver Information</u>		
Full Name Parent/Guardian #1:		
Home Phone:	Work Phone:	Relationship:
Email Address:	Cell Phone:	
Full Name Parent/Guardian #2:		
Home Phone:	Work Phone:	Relationship:
Email Address:	Cell Phone:	
Emergency Contact:		

Full Name & Relationship:

Phone:

Person #1 authorized to pick up child & Relationship:

Person #2 authorized to pick up child & Relationship:

PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES:

1. Your child's registration application will be reviewed. You will be notified of the need for additional information or a play visit. Your child must be potty trained in order to participate in the summer program.
2. A minimum enrollment of at least 2 consecutive weeks is required.
3. There will be ****no camp the week of July 4-7th****
3. A payment of \$100 deposit is due with registration to reserve a space for your child.
4. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
5. Registrations will be considered on a first come / first served basis. Teach Speech reserves the right to cancel any program due to insufficient enrollment.
6. Each attendee for in person services must submit proof of immunization with the registration form, which may be obtained from the child's healthcare provider.
7. Additional charges apply for children who require a 1:1 aide, which may be determined before the start of summer programs, or once programs are in progress.
8. Camper pick-up after the designated time will result in additional charges.
9. Teach Speech's Summer Camps are **NOT** reimbursable by insurance, but may qualify for HSA or Flex Spending Accounts.

PARTICIPATION AUTHORIZATION:

I hereby approve participation of my child (_____) in the Teach Speech Summer Program and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation.

Parent / Guardian Signature

Print Parent/Guardian Name

Date

TEACH SPEECH 2022 SUMMER REGISTRATION FORM - PAGE 3 OF 3

PROGRAMS AND DATES - SELECT THE PROGRAM AND WEEKS YOUR CHILD WILL ATTEND

Language Enrichment Camp Schedule & Pricing:

Monday-Thursday 8:00am-12:00pm- \$145/week

Deposit deducted from total camp participation cost

3-4 Year Old Mon-Thurs 8:00-12:00 PM	6/13-6/16	7/11-7/14
	6/20-6/23	7/18-7/21
	6/27-6/30	7/25-7/28
	There will be no camp July 4th-July 7th	
5-6 Year Old Mon-Thurs 8:00-12:00 PM	6/13-6/16	7/11-7/14
	6/20-6/23	7/18-7/21
	6/27-6/30	7/25-7/28
	There will be no camp July 4th-July 7th	

Payments will be collected every Monday unless you opt to pay in full as indicated here:

Pay In Full Pay Weekly

Credit Card # _____

Expiration Date _____ **Verification Code** _____

I authorize the payment to be charged to my credit card (signature)
