



Speech & Language Therapy and Rehabilitation Specialists, LLC

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LANGUAGE-BASED EDUCATIONAL ENRICHMENT GROUPS Summer 2008 RESERVATION

Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Gender: _____

Home Phone: _____

Person filling out this form: _____ Relationship to client: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

I would like to enroll my child in the following groups (Please circle):

	Tuesdays	Thursdays
June:	6-17-08	6-19-08
	6-24-08	6-26-08
July:	7-1-08	7-3-08
	7-8-08	7-10-08
	7-15-08	7-17-08
	7-22-08	7-24-08
	7-29-08	7-31-08
August:	8-5-08	8-7-08
	8-12-08	8-14-08

Preferred Group Time:

- Circle one (will be same time for each day circled on left)
- times listed below reflect drop off and pick up time

9:00 – 11:00 AM

1:00-3:00 PM

4:00-6:00 PM

TUITION:

One day per week: \$40 per group session
Two days per week: \$35 per group session

I have read the STARS Financial Policy and agree to abide by its conditions

Name Date

I authorize STARS, LLC to release my child _____ to the following individual(s) following completion of a group session:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Parent/Guardian	Date	