



Therapeutic and Developmental Center

2423 Glenwood Ave., Joliet IL 60435
Phone: (815) 725-9992 Fax: (815) 725-9993
www.speech-tree.org

Peach Pals Registration

Date: _____

Name: _____

D/O/B: _____

Contact info:

Name: _____

Phone: _____

Address: _____

(H) _____

(C) _____

(W) _____

Emergency contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

Previous experience:

Did/Is your child attending school currently? ___ yes ___ no

If yes, where: _____

Does your child have an IEP? ___ yes ___ no If yes, please provide a copy.

Did your child receive services through Early Intervention? If so, which services and for how long? _____

Please provide a copy of discharge evaluation reports, if possible.

Areas of Concern:

Medical:

Diagnosis: _____

Asthma: _____

Allergies: _____

Medications: _____

Physical Limitations: _____

Behavior: _____

Socialization: _____

Sensory: _____

Speech: _____



Developmental delays: _____

Other: _____

Pricing and Policies:

- **\$50.00 non-refundable enrollment fee +1/2 tuition due upon registration**
- **Payment due in full by first day of class**
- **Discounts (only one per family)**
 - **Enroll one child for more than one class and receive a 10% discount on the second class**
 - **Enroll more than one child and pay only ONE enrollment fee**

Maximum class enrollment required for each class to run

- **No make-up classes are available if a class is missed**
- **Make-up classes will be provided only if Speech Tree has to cancel a class**
- ** In the event the class is cancelled, a refund will be issued in full. Cancellations: Must be 14 days prior to the 1st day of class. A full refund will then be granted.*
- **Observation areas are available but limited at this time**
- **Cash, check, or   accepted**
- **Private Insurance may be billed for group speech therapy dependent upon policy**

For office use only

___ Paid registration fee Date Paid: _____

___ Paid class fee Date Paid: _____

___ Check ___ Cash ___ Credit

Card # _____ Exp _____

Receipt given: ___Yes ___No