



## Group Registration Form

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Enrolled in EI?: \_\_\_\_\_ YES \_\_\_\_\_ NO

Insurance: \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (h) \_\_\_\_\_

(c) \_\_\_\_\_

(w) \_\_\_\_\_

### Classes Registered for:

Name: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_

Day/Time: \_\_\_\_\_

### Area(s) of Concern (if any):

Please mark any that apply and explain:

\_\_\_\_\_ medical concerns

\_\_\_\_\_ medical diagnosis

\_\_\_\_\_ physical limitations

\_\_\_\_\_ developmental delays

\_\_\_\_\_ socialization concerns

\_\_\_\_\_ sensory concerns

\_\_\_\_\_ behavioral concerns

\_\_\_\_\_ speech

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Pricing:

- To be determined based on class choice

### Policies:

- 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
- Observation areas are available but limited at this time

- Cash, check, or   accepted

Receipt given: \_\_ Yes \_\_ No