



Courter Communications presents:
Counselor in Training
Summer Camp 2017
Week of June 5, 2016 through July 27, 2016
Tuesdays or Wednesdays 12:30-3
Camp Location: 9850 N. Michigan Road Suite D
Carmel, IN 46032

Counselor in Training is designed so that your high school student can continue to work on speech, language, or learning skills while helping others with strategies.

Summer Program Application 2017

Student's Name _____	Date of Birth _____
Parent Name _____	Age _____
Address _____	Grade in the Fall _____
_____	School _____
Phone Number _____	Email address _____
_____	_____

Please list any medical conditions/allergies
Diagnosed speech or language problems (If you are new to Courter Communications, please provide report or physician's script with the diagnosis, if you would like a claim statement to file with your insurance.)

Concerns:

<input type="checkbox"/> None <input type="checkbox"/> Reading and Spelling <input type="checkbox"/> Following Directions <input type="checkbox"/> Note taking <input type="checkbox"/> Following written directions <input type="checkbox"/> Study strategies and test taking	<input type="checkbox"/> Reading and Spelling <input type="checkbox"/> Organization for writing <input type="checkbox"/> Other: (please specify)	<input type="checkbox"/> Social/Pragmatics <ul style="list-style-type: none"> <input type="checkbox"/> Starting a conversation <input type="checkbox"/> Maintaining a conversation <input type="checkbox"/> Taking listeners perspective <input type="checkbox"/> Other: (please specify)
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- I have enclosed a nonrefundable down payment of \$25.00 to hold my spot. I will pay on each week of the program (\$120/2.5 hour session) unless payment arrangements have been made with Margo. Payable by cash, check, or credit card) (Current families do not need to pay deposit.)
- My student has a speech or language disorder as described above. I will need a statement each week for my insurance company. (Will be billed under the group code: 92508)
- I agree to permit Courter Communications, LLC to use photographs of my child without his/her name and for any lawful purpose, including such purposes as displaying photos, publicity of said programming, education, illustration, advertising, and Web content. _____ (initial)
- I understand that I will be charged \$30.00 late cancellation fee if I cancel a session with less than 24 hours' notice. (This does not apply to emergencies or illnesses.) _____(initial)

Parent Signature

Date