



**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"> <li><input type="checkbox"/> Starting a conversation</li> <li><input type="checkbox"/> Maintaining a conversation</li> <li><input type="checkbox"/> Taking listeners perspective</li> <li><input type="checkbox"/> Other: (please specify)</li> </ul>
---	--	---

- 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