



Courter Communications presents: Make It and Take It

Summer Program Application 2017

Applying for:

- Make It and Take It: Let's Get Going on Speech & Language Skills for Literacy (K-1) Tuesdays 10-12
- Make It and Take It: Speech, Language, Learning and Critical Thinking (7th-8th) Tuesdays 1-3
- Make It and Take It: Speech and Language Skills for Learning Success (2nd-3rd) Wednesdays 10-12
- Make It and Take It: Speech, Language, Learning and Critical Thinking (4th-6th) Wednesdays 1-3
- Individual Speech and Language Therapy (Please indicate best days and times: _____)

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.)

Academic Concerns:

- | | | |
|-----------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Following written directions | <input type="checkbox"/> Note taking |
| <input type="checkbox"/> Reading and Spelling | <input type="checkbox"/> Study strategies and test taking | <input type="checkbox"/> Organization for writing |
| <input type="checkbox"/> Following Directions | <input type="checkbox"/> Reading and Spelling | <input type="checkbox"/> Other: (please specify) |

- 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 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 so I can file with 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)

Signature

Date

Office & Camp Location: 9850 N. Michigan Road Ste D, Carmel, IN 46032

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