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Permission to participate/payment terms "SUMMER CAMP 2012."

July 9-July 27
Mondays/Wednesdays/Fridays
9:00-11:45

I _____ give permission for my child _____
(Name of Legal Representative or Client) (Name of Client Being Treated)

to attend Capitol City Speech Therapy's "SUMMER CAMP 2012" program. I understand that my child will be working with other children and their family members, who will be observing and assisting with the class.

I agree to pay for Summer Camp in advance. Payment is due on or before July 9. Payments can be made by cash, check or charge. The main office will be responsible for accepting payments. I also understand that if sessions are missed due to client cancelations, there will be no refunds. I also understand that my insurance will NOT be billed for the Summer Camp.

_____ Summer Registration fee \$25 (non refundable-helps cover materials)

_____ Summer Rate: \$150 includes 3 weeks July 9-July 27 (regular tuition)

_____ I want my insurance billed for therapy services and agree to pay the co-pay

_____ I do not want my insurance billed for therapy services and agree to pay for each session privately

Registration: _____ already paid on _____

By signing this form, it indicates that I have **read** and **fully understand** the terms listed above.

_____/_____/_____
Signature of Client / Legal Representative Relationship Date