



## Registration Form

Therapy (choose one):  Occupational  Speech-Language  Both

Child name:

Child Birthday:

(Needed to calculate test score)

Child's Teacher:

Address:

Zip Code:

Parent Email:

Parent Phone

Parent Signature:

Print Parent Name as it Appears on Credit Card:

Circle Card Type: Visa      Master      Discover

Credit Card Number:

Expiration Date:

Fees: (These apply to **each** service)

Screening-\$25 (Credited to Evaluation)    Evaluation-\$200    Therapy Session-\$55

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