



More Than Words presents: Gaming

Summer Program Application 2022

Applying for:

- Gaming: Let's Get Going on Speech & Language Skills for Literacy (PreK - K) Tuesdays 1:00-2:30
- Gaming: Speech and Language Skills for Learning Success (1st - 3rd) Tuesdays 10:00-12:00
- Gaming: Speech, Language, Learning and Critical Thinking Skills (7th - 10th) Wednesdays 1:00-3:00
- Gaming: Speech, Language, Learning and Critical Thinking Skills (4th - 6th) Wednesdays 10:00-12:00
- Math Camp: Foundational Math Skills (4th - 9th) Mondays 1:00-3:00
- Individual Speech and Language Therapy (Please indicate best days and times: _____)

Student's Name _____ Date of Birth _____

Age _____ Grade in the Fall _____ School _____

Parent Name _____ Email _____

Address _____ Phone Number _____

Please describe any medical conditions or allergies we should know about: _____

Academic Concerns:

- | | | |
|---|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Following written directions | <input type="checkbox"/> Note taking |
| <input type="checkbox"/> Reading and Fluency | <input type="checkbox"/> Study strategies and test taking | <input type="checkbox"/> Organization of 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 each week of the program (\$120/2 hour session; \$90/1.5 hour session) unless payment arrangements have been made. Payable by cash, check, or credit card including HSA) (*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 More Than Words Speech Pathology 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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