

# Sounds of Summer

## Speech Articulation Classes

This summer, don't let your child lose ground with his/her speech progress. Keep the momentum going with our six-week summer articulation program.



### Who is Eligible to Attend

Children who are preschool through incoming third grade will benefit from this six-week program. Students must have a current IEP with articulation goals; please send copy of a current IEP with registration form.

### Program Structure

The program involves six 30-minute therapy sessions with no more than two children per group.

### When and Where

The class will take place from June 12 through July 21, 2017, at Easterseals Crossroads main location (52<sup>nd</sup> and Keystone) at 4740 Kingsway Drive, Indianapolis, IN 46205.

Parents/caregivers must state preferred times to attend from the lists below; actual class times will then be assigned based on preferences stated.

### Session Times

Mondays | 8:30 - 9:00 | 9:00 - 9:30 | 9:30 - 10:00

Wednesdays | 9:30 - 10:00 | 10:00 - 10:30 | 10:30 - 11:00

Thursdays | 2:00 - 2:30 | 2:30 - 3:00 | 3:00 - 3:30 | 3:30 - 4:00

### Other Details

All sessions are provided by licensed speech-language pathologists. Cost of the six-week class is \$150 per student; \$100 deposit is required with completed registration form and balance is due the week of June 12, 2017.

Contact Karen Kelley at [kkelley@eastersealscrossroads.org](mailto:kkelley@eastersealscrossroads.org) with questions.

**SPOTS ARE FILLING!  
SIGN UP TODAY!**



# Registration Form

## Sounds of Summer

### Speech Articulation Classes



This summer, don't let your child lose ground with his/her speech progress. Keep the momentum going with our six-week summer articulation program.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Numbers (Cell & Home) \_\_\_\_\_

Emergency Contact Info \_\_\_\_\_

Grade (as of August 2017) \_\_\_\_\_

School Attending \_\_\_\_\_

Please provide any information that may be relevant to providing effective therapy for your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session Preferences - Please rank your first four choices.

<b>Mondays</b>	_____ 8:30 - 9:00	_____ 9:00 - 9:30	_____ 9:30 - 10:00	
<b>Wednesdays</b>	_____ 9:30 - 10:00	_____ 10:00 - 10:30	_____ 10:30 - 11:00	
<b>Thursdays</b>	_____ 2:00 - 2:30	_____ 2:30 - 3:00	_____ 3:00 - 3:30	_____ 3:30 - 4:00

\*I understand that I am required to submit a \$100 deposit or full payment in order to reserve my child's spot.

\*I understand that I must submit a current IEP with this registration form.

\*I understand that that my child will not have a complete evaluation and only my child's IEP articulation goals will be targeted during this summer program.

\*I understand that I will not be provided with any written documentation to submit for insurance reimbursement.

\*I understand that make-up sessions will not be offered and that my child is expected to attend at least 5/6 scheduled sessions (aside from any unexpected illness or conflict).

\*I understand that a parent/guardian must remain on site at Easterseals Crossroads while my child is in his/her therapy session.

\_\_\_\_\_  
Parent / Caregiver Signature

\_\_\_\_\_  
Date

# Payment Form

## Sounds of Summer Speech Articulation Classes



eastersealscrossroads.org

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Child's Name \_\_\_\_\_

Total cost for Sounds of Summer Speech Articulation class is \$150 per child. A deposit of \$100 per child is due with registration form; the balance is due the week of June 12, 2017.

Please charge my credit card for the following amount

\$100  
deposit only

\$150  
full payment

Credit Card Type     Visa     MasterCard     Discover     American Express

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_    CSC # (3 or 4 digit code) \_\_\_\_\_

Billing Address \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

I would like to pay by check; please make check payable to Easterseals Crossroads

*Please send registration form, current IEP and payment to:*

Easterseals Crossroads  
Attn: Karen Kelley  
4740 Kingsway Drive  
Indianapolis, IN 46205

Phone: 317.479.3246 | Fax: 317.479.3235 | Email: [kkelley@eastersealscrossroads.org](mailto:kkelley@eastersealscrossroads.org)