

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 **starting June 11, 2018!**



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 sessions with no more than two children per group. All sessions are conducted by licensed speech-language pathologists.

When and Where

June 11 through July 20, 2018 | Various times

The class will take place once a week for six weeks at Easterseals Crossroads main location (52nd 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; \$50 deposit is required with completed registration form and balance is due the week of June 11, 2018.

Contact Karen Kelley at kkelley@eastersealscrossroads.org to register.

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



2018 Registration Form

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eastersealscrossroads.org

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Child's Name _____

Date of Birth _____

Parents' Names _____

Address _____

City, State, ZIP _____

Phone Numbers (Cell & Home) _____

Emergency Contact Info _____

Grade (as of August 2018) _____

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.

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

*I understand that I am required to submit a \$50 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 enrichment 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 of the 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 / Guardian Signature

Date

2018 Payment Form

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Child's Name _____

Total cost for Sounds of Summer Speech Articulation class is \$150 per child. A deposit of \$50 per child is due with registration form; the balance is due the week of June 11, 2018. Limited scholarships are available.

At this time, I would like to pay the following amount:

\$50
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

I would like to provide my credit card information by phone. Please call me when you receive this form.

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