

COMMUNICATION PARTNERS IN PLAY: Registration form

Childs Name:		Birthdate:	
Parents:		School	
Address:		Home Phone:	
City:		Cell Phone:	
Postal Code:			
Email:			
Emergency Contact:			

Allergies:	
Medical issues or Diagnosis:	
Program:	Explore for ages 2 years 6 months to 3 years _____ Express for ages 3-5 years with documented language delay _____
Class Day:	Tuesdays _____ Wednesdays _____ or Saturday _____ We offer classes on these days – please indicate your preference
Time: Please Check one	9:30 ____ 1:30 ____ 4:30 ____ We offer these times – please indicate Saturday 9:30 ____ and 12:00 ____ your preference
Payment	\$475.00 by cheque or Etransfer. (\$52.75/session) Start dates to be determined based on interest – November, January and March
Deadline	Registrations open until class is full- Maximum 6 /minimum 4

You will be contacted by phone to confirm your registration and arrange for payment. Your spot is not guaranteed until payment is received. Our cancellation policy is as follows: 14-7 days prior to the first session – 50% refund – Less than 7 days prior – 0% refund. Please mail, email, fax or drop off your completed form to:

Mail to: Communication Options Inc - P.O. Box 20003 Red Deer AB T4N 6X5

Drop off to: #1 5108- 52 Street – Red Deer Alberta, T4N 6Y4

Email to: info@communicationoptionsinc.ca

Fax: 403-348-8415

Phone: 403-343-0977 if you need further information

Invoices provided to families by session for Insurance/Extended Health Benefits

Signature of Parent/Guardian

Date