

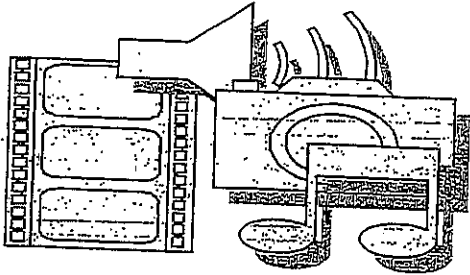
29th Street Therapy Center

Colette Ellis, M.Ed. CCC-SLP and Associates

I have received a copy of the attendance policy and contact information for 29th Street Therapy Center. I have read and understand the policy.

Parent/Patient Signature

Date



I give permission for my child,

_____, to be
audio recorded, video recorded, or photographed for
treatment and/or teaching purposes.

Signed _____

Date _____