Capitol City
Speech Therapy, LLC
141 N Main Street
Fuquay-Varina, NC 27526
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Raleigh, NC 27608
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Registration Form

M.A.G.I.C Preschool 2019-2020

Name: _____ Date of Birth:_____

Address: _____ Home #: _____

_____ Cell: _____

Email: _____ Work: _____

Emergency Contact _____ _____ Phone: _____

Food Allergeries: _____

Other Allergeries: _____

Hospital Preference: _____

Pediatrician: _____

Name of Practice: _____Phone:_____

By signing below, I acknowledge that all the information above is accurate and correct and will inform Capitol City Speech Therapy if any information changes. I agree to pay the non refundable registration fee when this form is submitted. Fee will hold your child's spot and will not go towards tuition (it will help pay for supplies)

Registration Fee: Non refundable $100/$75 returning students

_____/_____/_____

Legal Guardian Signature: Relationship Date