

## Permission to participate/payment terms "M.A.G.I.C." Preschool 2019-2020

I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
(Name of Legal Representative) (Name of Child)

To attend Capitol City Speech Therapy's "M.A.G.I.C." preschool program. I understand that my child will be working with other children and their family members, who may be observing and assisting with the class.

I agree to pay for each class a month in advance. Payment is due on the first of each month. Payments can be made by cash, check or charge. If payment is not received by the 10<sup>th</sup> of the month a 5% late fee will be added for EACH week it is late. The main office will be responsible for accepting payments. I also understand that if sessions are missed due to client cancelations, there will be no refunds. I also understand that my insurance will NOT be billed for the Preschool Class. I can cancel my child's registration at any point during the year but I must provide a 30 day written notice. Without a 30 day notice I understand I will be charged an additional month of tuition. If your child is picked up late, \$5.00 will be charged for each 10 minutes your child is picked up late. Money will be collected at the time of pick up.

### **MEDICAL AUTHORIZATION:**

\_\_\_\_\_(initial) I agree that Capitol City Speech Therapy staff may administer first aid, perform CPR and authorize a physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I understand that all medical costs incurred are my responsibility. I release and forever discharge Capitol City Speech Therapy, LLC and the owners, contractors, agents, and employees from and against any and all liability incurred as a result of any act they may perform on behalf of my child (CPR, for example).

### **PHOTO RELEASE:**

\_\_\_\_\_(initial) I DO I DO NOT (circle one) express permission for Capitol City Speech Therapy to exhibit photographs, and videos of my child and/or myself. Images and first names may be used for Capitol City Speech Therapy website, group Facebook page (secure), art projects, displayed in the office and/or other publications. I understand that this permission cannot be revoked.

### **PARENT HANDBOOK:**

\_\_\_\_\_(initial) I acknowledge that I have received and understand the contents within the Parent Handbook for Capitol City Speech Therapy.

**THERAPY DOG:**

\_\_\_\_\_ **(initial)** I DO / I DO NOT give permission to Capitol City Speech Therapy to have a therapy dog "in training" in the classroom/gym and/or therapy sessions with my child,

**AUTHORIZATION FOR PICK UP:**

I hereby give permission for the following person(s) to pick up my child  
\_\_\_\_\_ from Capitol City Speech Therapy Preschool/Camp/Group services.

Name of Approved Person(s):

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

I understand that a photo ID will be required for my child to be picked up from Capitol City Speech Therapy.

\_\_\_\_\_ Monthly Rate \$225 x 2 day/week program (T/TH) 9:00-12:00 (2-3 year olds)

\_\_\_\_\_ Monthly Rate \$260 x3 day/week program (M/W/F) 9:00-12:00 (3-4 yr. olds)

\_\_\_\_\_ Monthly Rate \$335 x4 day/week program (M/T/W/TH)12:00-4:00 (4-5yr. olds) (bring packed lunch)  
Requirement: To purchase a Handwriting Book from Patti

\_\_\_\_\_ I want to pay for 16 weeks (first 4 months in advance) to receive a 5% discount

\_\_\_\_\_ Extended school day \$30.00 per month for T/Th, \$40 per month for M/W/F, \$50.00 per month for M-TH (8:30 drop off, 12:30 or 4:30 pick up)\_\_\_\_\_

\_\_\_\_\_ Total

By signing this form, it indicates that I have **read** and **fully understand** the terms listed above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Client / Legal Representative Relationship Date**