Four Seasons Stuttering Therapy (FSST)

A treatment program for school aged children who stutter

Program Application (deadline to apply is June 30, 2015)

Child's name: _____

Child's date of birth: _____

Contact person: _____

Contact telephone: Daytime: _____Cell: _____

Contact email: _____

Address: _____

Previous speech therapy? (If yes, where and when): _____

_____

Date and place of previous speech language evaluation: _____

_____

Please enroll my child in the FSST program. Enclosed is my enrollment deposit of $300. I understand this deposit is not refundable unless the speech language evaluation determines my child is not appropriate for this program. I understand the balance of $500 is due prior to the first session. The $800 fee includes all therapy sessions, follow up sessions and parent workshops.

____Enclosed is my check made out to *Speech and Hearing Associates*

____Please charge my credit card

Type of card (VISA, Mastercard, American Express, Discover)

Name on card _____

Number _____

Expiration date _____

Please mail this completed form to:

Speech and Hearing Associates, 121 South Euclid Avenue, Westfield, NJ 07090
Attn: FSST stuttering program.
Or fax to: 908-232-3583 Attn: FSST stuttering program

For additional information, or questions, call 908-232-2903 ext. 232
or email: rkratchman@sha1969.com