



Enrollment Form
"It Takes Two to Talk"– The Hanen Program at
Speech and Hearing Associates
121 South Euclid Ave. Westfield, NJ 07090

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____

Parent(s) Names: _____, _____

Who will be participating in the program? (maximum of two): _____

Best name and phone number in an emergency: _____

Since this program will teach you specific skills for your child's needs, each child may need to have had a recent speech - language evaluation.

Has your child recently been evaluated by a speech-language pathologist? ___ yes ___no

If yes, when: _____, where: _____

Please attach a copy of the speech-language evaluation report to this enrollment form. If you do not have a copy available, we will give you a consent form to sign so we can obtain it.

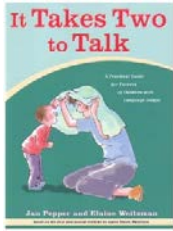
If no recent speech-language evaluation, we will call you to discuss scheduling an evaluation.

Does your child currently receive, or has your child ever had, physical, occupational, or speech therapy in school or through Early Intervention or another provider?

___yes,___no. If yes, please describe: _____

The "It Takes Two to Talk" program will include one copy per family of:

It Takes Two to Talk- Guidebook - by Jan Pepper and Elaine Weitzman



Please note the group will run on 8 consecutive Thursday evenings from 6:30 - 9:00 p.m., February 21st to April 11th 2019. The tuition for the 8-week program, including materials, is \$700. Since this program is created as an 8-week intensive session, it is very important that at least one parent attend every session. There will be no reimbursements for missed sessions.

In addition, three (3) individual sessions with each family and their child will take place during the program. These will be scheduled to take place at times/days that work for each family and will be billed through your insurance.

A \$350 deposit is required on enrollment. Balance is due prior to first session.

Enclosed is a check for the deposit I prefer to pay by credit card, please call me

I, _____, have reviewed and fully understand my financial responsibilities.

Signature

Date

Please email this completed form to: hanen@sha1969.com

Or fax to: (908) 232- 3583

Or mail to: Speech and Hearing Associates, 121 South Euclid Ave., Westfield, NJ 07090

Enrollment deadline: February 11, 2019

If you have any questions, please don't hesitate to contact our Hanen certified SLPs:

Kayla Zakrzewski, M.S. CCC-SLP, at (908) 232-2900 ext: 266 kzakrzewski@sha1969.com

Ruzanna Amram-Paez, M.S. CCC-SLP, at (908) 232-2900 ext: 223 ramram@sha1969.com

Katie Duffe, M.S. CCC-SLP, at (908) 232-2900 ext: 253 kduffe@sha1969.com