

FLUENCY FRIDAY PLUS

NOVEMBER 7, 2008 – 8:30 a.m. – 4:00 p.m.
NOVEMBER 8, 2008 – 8:30 a.m. – 12:00 p.m.

STUDENT'S APPLICATION

DATE: _____

Primary (K-3) _____ Jr. High (7-8)
Elementary (4-6) _____ High Sch. (9-12)

NAME: _____ D.O.B.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ HOME

_____ WORK

_____ CELL

_____ EMAIL

PARENTS: _____

SCHOOL: _____

SPEECH-LANGUAGE PATHOLOGIST: _____

Telephone #: _____ home

_____ work

_____ e-mail

PREVIOUS TREATMENT: WHERE? _____

HOW LONG? _____

HOBBIES/INTERESTS: _____

COMMENTS: _____

A fee of \$15.00 per person will include: Registration, Materials, Snacks, and Lunch.

Total Number Attending () x 15 = _____

Student(s) _____ Parents(s) _____ Others(s)

Make checks payable to **Fluency Friday Plus!**

SCHOLARSHIPS ARE AVAILABLE! PARKING IS FREE!

Please register early in order to allow the therapist time to plan treatment for your child/teen! Thanks

PLEASE RETURN TO:

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