

FLUENCY FRIDAY PLUS

NOVEMBER 6, 2009 – 8:30 a.m. – 4:00 p.m.
NOVEMBER 7, 2009 – 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: Materials, Snacks, and Food for FFP.

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:

Diane C. Games, M.A., CCC/SLP

Tri-County Speech Associates, Inc.

430 Ray Norrish Drive

Cincinnati, OH 45246

(513) 671-7446 (f) 671-7448 © 532-3949

tricountyspeech@fuse.net

www.fluencyfriday.org