



K-READINESS GROUP
SUMMER 2018
REGISTRATION FORM
SUNDAYS

Location: South West One Medical Center

9:00am to 11:00am

175 ave Stillview, **Office #230**
Pointe-Claire, H9R 4S3

Sundays in June: 03, 10, 17, 23
Sundays in July: 01, 08, 15, 22, 29

Please choose your pre-registration option

June Session (8 hours)	<input type="checkbox"/> Cost: \$425
July Session (10 hours)	<input type="checkbox"/> Cost: \$525
Both June and July	<input type="checkbox"/> Cost: \$850

Family Information:

Child's Name: _____ Date of Birth: Year: _____ Mo. _____ Day _____
 Home Address: _____
#/APT STREET NAME CITY POSTAL CODE
 Home #: _____ Mobile #: _____
 Email Address: _____
 Mother's name: _____ Father's name: _____
 Parental authority: both parents mother only father only other: _____
 Child's first language: _____ Other languages at home: _____
 Current or previous ULTRA client: Yes No
 If No, has your child received services with another SLP or Psychologist? Yes No

Administration Procedures:

A \$100 deposit is required to confirm your child's place. Preferred method of payment:
 Cheque Cash E-Transfer
 Please address all cheques to: ULTRA-Health Services, 175 avenue Stillview, #230, Pointe-Claire, QC, H9R 4S3

Client Agreement

I agree to pay the full balance or provide pre-dated checks by May 30th, 2018.
 For medical emergency cancellations made before June 15, 2018, I understand that I will be refunded the deposit less a \$25 administration fee.
 I understand that for any missed sessions during the program, all materials and home activities will be provided to me the following week.
 Signature of Parent/Guardian _____ Date: _____