

Mail or fax with payment to:  
Pro-Speech  
411 Camino del Rio S., Ste. 101  
San Diego CA 92108



Questions? Contact Marcia Chesire  
marcia@pro-speech.com  
Phone: (619) 574-8181  
fax: (619) 574-0802



# Play Talk and Learn Registration Form 2006



## Student Information *Please complete one form for each student.*

Student's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F  
Last First  
Class Location The Children's School Class Dates \_\_\_\_\_ Meeting Times M/W 12:30-1:30pm  
Parent or guardian \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact Information

Contact name _____ Relationship _____ Home phone _____ Work phone _____ Cell phone _____	Contact name _____ Relationship _____ Home phone _____ Work phone _____ Cell phone _____
--	--

## Credit Card Information:

M/C  Visa

\_\_\_\_\_  
Name as it appears on Card

\_\_\_\_\_  
Exp.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Signature

Cost for 6 week course (12 sessions) is \$275.00

## Child Release Information

List persons AUTHORIZED to pick up student.

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

List persons NOT AUTHORIZED to pick up student.

1. _____	_____
2. _____	_____

Child in custody of:  both parents  mother  
 father  other \_\_\_\_\_