

Registration Form - Fall 2016

UCA Speech-Language-Hearing Center

201 Donaghey Ave • UCA Box 4985 • Conway, AR 72035 • ph: 501-450-3176 • fax: 501-450-5474

Calendar

Registration begins **July 20th**
First week of therapy. **Aug 24th – Aug 26th**
Holidays – no therapy . **Sept 5th, Oct 13th, Nov 23-25th**
Last week of therapy **Nov 28th – Dec 2nd**

Parking

We are located on the northeast corner of Bruce Street & Donaghey Ave. Park in the small lot attached to our building in the blue lined spaces. We will give you a parking pass for your dash.

Step 1:

Once registration begins (**July 20th**), contact Leslie George to establish a day and time for therapy at (501) 450-5776. Please do not try to register or return this form before the first day of registration.

If your availability for therapy is limited we recommend calling early on the first day of registration. Leave a voice message with your name, phone number and the day and time you prefer for therapy and your call will be returned in the order it was received. You will be given information about how to complete the registration process at this time.

Step 2:

Client's Name: _____ Date of Birth: ___/___/___
Parent/Guardian's Name: _____
Address: _____
Home phone: _____ Cell phone: _____
Work phone: _____ Email address: _____

Step 3:

Please check the income category you belong to. **Payment is due at the time of registration.**

_____ \$20,000 per year and above - **\$280 semester rate**

_____ \$19,999 per year and below - **\$140 semester rate**

- UCA faculty, staff or currently enrolled UCA student? Yes No

(UCA Faculty, staff, currently enrolled UCA students and their household members receive a 20% discount on all rates)

By signing below you acknowledge that there will be no refunds once payment has been received. Clinicians are required to make up any sessions they cancel. Clinicians are not required to make up sessions cancelled by clients.

Client or parent/guardian signature Date

For office use only:

Day & Time assigned: _____
Previous UCA SLHC client: yes no
Fee paid: _____