

## SUMMIT Registration Form

Cost: \$200

| Name of Child:  | Birthdate:                   | Gender:   |
|---|------------------------------|---|
| School:   | Grade:                       |   |
| Has child repeated a grade?                                   | >                            |   |
| Parents' Names:   |                              |   |
| Address:  |                              |   |
| Phone:  |                              |   |
| Email:<br>Child's Guardian/Primary Ca                         |                              |   |
| Phone:  | <b>-</b> .                   |   |
| Describe any problems that<br>Is your child receiving help wi |                              | egular class instruction? Yes No  |
| If yes, please explain  | -                            | -   |
|   |                              | please bring a copy of this information   |
| Hurry! SUMMIT   | will be filled on a first co | ome-first served basis!   |
| UCA SLHC, 201 Dc<br>Call 501-450-5776 for more ir             |                              | 985, Conway, AR 72035<br>Make checks payable to UCA SLHC.                       |
|   |                              | ogram is full. Credit/debit card payments<br>. All payments are non-refundable. |

The UCA Speech Language Hearing Center shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language or dialect.