



**HELP ME SPEAK/Help Me Sign  
Barbara A. Taylor, M.S., CCC-SLP  
& Associates**

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Registration

Date: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Parents' Names: Mother: \_\_\_\_\_

\_\_\_\_\_ Father: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Occupation: Mother \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Occupation: Father: \_\_\_\_\_

Mother's Age: \_\_\_\_\_ Father's Age: \_\_\_\_\_

I am registering for a child that is a: 30 min class-- Todfant (6mo-14mo) Toddlers (15-23mo)  
45 min class-- 2 yo 3-4 yrs other-\_\_\_\_\_

Classes will be held on: Wednesday Thursday Friday

Class Location: HMS clinic preschool: \_\_\_\_\_  
daycare: \_\_\_\_\_ other: \_\_\_\_\_

Class fee for: Todfants/Toddlers =\$80/8wks (\$10/wk) 2 yo+= \$120/8wks (\$15/wk)

My registration deposit of \_\_\_\_\_ (1/2 class fee) is enclosed. I understand that this amount is due 2 weeks prior to the first class. (cash, checks, and cc accepted) CC# \_\_\_\_\_ CVV# \_\_\_\_\_  
(3 digit # on back of card) Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, authorize Help Me Sign to charge my credit card for the balance of my tuition due. (MC/Visa/Discover are accepted)

The balance of my registration is enclosed. \_\_\_\_\_ I understand that this amount is due at the first class.

I understand that Help Me Sign's cancellation policy is:

- Withdrawal before 1<sup>st</sup> class= 100%refund - \$10 processing fee
- Withdrawal after 1<sup>st</sup> class= 50% refund
- Withdrawal after 2<sup>nd</sup> class= 0% refund

Exceptions may be made at the discretion of HMS.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date