



SUMMER CAMP REGISTRATION FORM
GREATER ATLANTA SPEECH AND LANGUAGE CLINICS, INC.

Patient's Name: _____

DOB: _____ Chronological Age: _____

Parent/Spouse's Name: _____

Phone (Home): _____ Cell/Wrk/Other: _____

Address: _____

Email Address: _____

How did you hear about us? _____ Diagnosis? _____

Allergies: _____

Please give us a description of what you would like your child to learn/work on at their camp: _____

Summer program and date _____

Please fill out the registration form and mail back to our clinic with a \$100 deposit to hold your child's spot in our summer camps.

For more information please call the clinic at (770) 977-9457 or email us at greateratlantaspeech@gmail.com

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