



WAITING LIST AGREEMENT 2013

DOB: \_\_/\_\_/\_\_

I wish to enroll \_\_\_\_\_ in Columbus Speech & Hearing Center's Therapy Program.

Since regular attendance is necessary to ensure the greatest benefit from therapy, I understand I will be expected to meet with the therapist regularly. I also understand that if attendance cannot be maintained on a regular basis, therapy may be terminated.

I understand and agree to the above.

Signature	Relationship	Date
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AVAILABILITY:

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:

Type of Service: 30 min 1/week  
Type of Service: 60 min 1/week

Cost: \$70.00  
Cost: \$140.00

SCHEDULED:

\_\_\_\_\_