



WAITING LIST AGREEMENT 2021

I wish to enroll _____ in Columbus Speech & Hearing’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

AVAILABILITY:

OFFICE USE ONLY:

Type of Service: 30 min. 1/week Cost: \$80

Type of Service: 60 min. 1/week Cost: \$160

SCHEDULED:
