



Liberty Speech Associates

LITTLE TALKERS REGISTRATION FORM

Please print clearly

Participant Name: _____

Male/Female: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Preferred Phone: _____ Email: _____

Do you have any concerns with your child's speech or language skills? Yes No

If yes, please describe: _____

How does your child typically communicate (select all that apply)?

Gesturing/Signing Pointing Crying/Whining Babbling Speaking

Please list all words that your child says independently (include mispronounced words):

Which class are you interested in? We will do our best to accommodate your request.

- Babbling Bunnies - for babies (6 months – 1 year) who are beginning to babble
- Word Worms - for toddlers (1 – 3 years) who are not yet talking or say less than 25 words
- Phrase Frogs - for toddlers (18 months – 3 years) who say at least 25 words independently

I grant permission for my child to participate in the Liberty Speech Associates Little Talkers program. I waive and release all rights and claims for damages against Liberty Speech Associates, Fitness Empire, and their prospective employees and agents for any and all injuries, which may be suffered by my child or myself while participating in the program. I consent to Liberty Speech Associates' right to use any photos taken during the Little Talkers Program for future promotional purposes (e.g., brochures, website, social media pages, etc.).

Full payment (non-refundable) made payable to Liberty Speech Associates is due with this registration form. Spaces are limited and spots will be filled on a first come first serve basis. You will be contacted to confirm your registration and class selection.

Parent/Guardian Signature: _____ Date: _____

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