



## 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 infants and toddlers (6 – 18 months)

Word Worms - for toddlers and preschoolers (18 months – 3 years)

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 made payable to Liberty Speech Associates is due with this registration form. Payment is non-refundable and non-transferrable. 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: \_\_\_\_\_

201.658.4400

[ccarus@libertyspeechassociates.com](mailto:ccarus@libertyspeechassociates.com)

[www.libertyspeechassociates.com](http://www.libertyspeechassociates.com)