



THE CARRUTH CENTER
AT THE PARISH SCHOOL

Kaufman-Apraxia Boot Camp Application

CLIENT INFORMATION

Child's Name: _____

DOB: _____ Age: _____ Gender: _____

Parent's Name(s): _____

Address: _____

City, State, ZIP: _____

Phone Number(s): _____

Email(s): _____

Pediatrician/MD: _____

How did you hear about K-ABC at The Carruth Center?

SCHOOL INFORMATION

Is your child currently attending school? Yes No

School Name: _____

School Address: _____

School Phone Number: _____

THERAPY HISTORY

Is your child currently receiving individual speech therapy?

Yes No

Name of SLP/Therapy Company: _____

Phone Number: _____

Email: _____

How long has your child seen this SLP? _____

Has your child been diagnosed with Childhood Apraxia of Speech?

Yes No

Who made this diagnosis? _____

When was your child first diagnosed? _____

Has your child seen other SLPs since his/her diagnosis? If so, please provide their name and contact info:

Does your child have other developmental diagnoses (ex: Autism, Language Disorder, Fine Motor Delay)?

Does your child receive other therapy services (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Music Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> ABA |
| <input type="checkbox"/> Play Therapy | |

Submit this completed application, a \$40 application fee, and your child's most recent speech-language evaluation to The Carruth Center by Friday, March 1, 2019.

Please read the following and sign below indicating understanding. Contact Mimi Branham, MA, CCC-SLP, Clinic Director, with any questions about the K-ABC program or application process.

- I understand the Kaufman-Apraxia Boot Camp at The Carruth Center receives more applications for the program than they have space available. I understand that my application to this camp is not a guarantee of my child's placement in the camp.
- I understand that I must submit this application, the \$40 application fee, and my child's most recent speech-language evaluation before this application is considered complete.
- I understand that acceptance into previous years' K-ABC programs does not guarantee a placement in the 2019 K-ABC program.
- I understand that after a complete application is submitted, my child will have a screening by the clinic director or one of the K-ABC clinicians to determine if my child would benefit from K-ABC and its intensive group instruction. If my child is offered a placement in K-ABC, the placement will be secured after The Carruth Center receives a signed contract and paperwork for the program with payment.
- I understand that the application fee is non-refundable, but if I accept a contract for my child for K-ABC, the application fee will be credited to the total amount due for the program.
- I understand that The Carruth Center does not bill insurance for K-ABC. However, Carruth will provide me with documentation for reimbursement upon request.

Mother's/Legal Guardian 1's Name	Mother's/Legal Guardian 1's Signature	Date
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Father's/Legal Guardian 2's Name	Father's/Legal Guardian 2's Signature	Date
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