***Summer Intensive Program- REGISTRATION/DEPOSIT FORM***

Submit completed form to mcice@umd.edu

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT #1 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT #2 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The purpose of this form is to hold your child’s spot in the Summer Intensive Program. A **$50 deposit** is required to initiate registration. Following receipt of the deposit, a complete ***Parent Packet and Handbook*** will be sent. The remainder of the program tuition is due July 10, 2023.

TUITION ASSISTANCE IS AVAILABLE! If you require assistance, please indicate the amount:

$\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE:

Payment Method: \_\_\_\_\_\_\_ Check \_\_\_\_\_\_\_Credit Card \_\_\_\_\_\_\_Cash

***Introductory Information About Your Child’s Hearing Loss***

What age was your child diagnosed with hearing loss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the degree or severity of the hearing loss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What technology (hearing aids/cochlear implants) does your child currently use?

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

Name of child’s fitting/programming audiologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_