



**University of Illinois**  
**Department of Speech and Hearing Science**  
**Speech-Language Pathology Clinic**  
**Preschool Communication Group**

For children 3 to 5 yrs. (who have not yet completed Kindergarten) with a diagnosed need in speech, language, and/or stuttering.

**WHERE AND WHEN**

**University of Illinois Speech-Language Pathology Clinic**  
 2001 South Oak, Suite B  
 Champaign, IL 61820

**June 22 - July 31, 2009**

**Monday & Wednesday 1:00 - 2:30**  
**Tuesday & Thursday 10:30 - 12:00**



Activities will be chosen to target each child's individual needs and enhance speech, language, and social skill development. Preschool Communication Groups will also help children with taking turns, initiating communication, and interacting with peers. Children will be grouped by age, abilities, and communication goals with a maximum of 4-6 children per group.

The cost of the entire program will be \$486 for 12 sessions.

Program fees may be paid by cash, check or charge.

**Priority registration ends May 15<sup>th</sup>. Registration after May 15<sup>th</sup> will be subject to availability.**

Once registration is received, a free, initial consultation will be scheduled to meet your child, prior to the first week of camp.

For more information, please contact our clinic office at 217-333-2205 or email the SLP Clinic at: [slpclinic@ahs.illinois.edu](mailto:slpclinic@ahs.illinois.edu). To enroll your child, complete the registration form below and mail to or drop off at:

University of Illinois  
 SLP Clinic  
 ATTN: Summer Camp  
 2001 South Oak St., Suite B  
 Champaign, IL 61820

PCG Group Registration Form

Priority Registration: **MAY 15th 2009**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

DAY/TIME PREFERENCE: Monday & Wednesday 1:00 – 2:30 \_\_\_\_\_

Tuesday & Thursday 10:30 – 12:00 \_\_\_\_\_

ADDITIONAL INFO or COMMENTS: \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_

CASH/CHECK/CHARGE (circle one)

CHECK NUMBER \_\_\_\_\_

\*A copy of a current IEP or speech evaluation in addition to a nonrefundable \$100 deposit MUST be turned in with this registration form before being considered for enrollment. We will try to accommodate everyone's preferences, but final decisions will be made according to the child's needs.

For administrative use only: **Deposit (\$100)** \_\_\_\_\_

**Paid in FULL** \_\_\_\_\_