

LIMA NOON SERTOMA

Summer Speech & Hearing Program

Dear Parent/Guardian,

The Lima Noon Sertoma Club will be offering a Summer Speech Program for all eligible children in the Lima/Allen County area. Your child is eligible for this program if: he/she is between the ages of 3-18, is currently enrolled in a school speech and language therapy program or has a speech/language disability.

This program consists of 10 small group or individual 30 minute therapy sessions. These sessions meet twice a week **starting June 7, 2021, and end on July 9, 2021**, with a special program for all children who successfully complete the program. A Licensed Speech/Language Pathologist will work with you and your child during this time. The program will operate 2 locations in Lima and 1 in Delphos. **Your fee for the clinic is \$90.00 and is due at the screening session.** This fee covers approximately 50% of the actual costs. The Lima Noon Sertoma Club provides for the other portion of the expenses. There will be a minimal fee of \$5.00 per child regardless of the sliding fee scale.

Your child will have to attend a **mandatory screening session** in order to be accepted. Screenings will be held on **May 26, in Lima and May 27, in Delphos.** This session is mandatory because the Speech and Language Pathologist needs to determine eligibility, schedule therapy times and establish treatment goals.

Please register early. **The application deadline is May 21, 2021.** You may call Tim Calvalege, Program Coordinator, at 419/532-3064 if you have any questions about the program.

Summer Speech Program Application

Child's Name: _____ Birth Date: _____ Age: _____
Address: _____ City: _____ Zip: _____
School/Preschool Attending in the Fall: _____
Parent/Guardian: _____
Phone: home _____ work _____ cell _____

I would like to attend: Lima Baptist Temple Market Street Presbyterian Delphos Location (circle one)

You will receive notification for your screening appointment by mail. To register, please return the bottom portion of this form (one per child) to: **Jennifer Gast, 1555 Allentown Road, Lima, Ohio 45805 or email to jgast@teamrms.com.**

Sponsorship committee member to complete this section at screening.

Amount paid: _____ Check number: _____ Cash: _____ Date Received: _____

Verification of income attached if using sliding fee scale: Yes _____ No _____