



Stern Center
for Language & Learning
135 Allen Brook Lane
Williston, VT 05495

Social Understanding and Communication Services

DATE _____

Registration Deadlines may apply. Please contact Imarcus@sterncenter.org for more information.

STUDENT NAME _____

DATE OF BIRTH _____

SCHOOL _____

GRADE _____

PARENT _____

CO-PARENT NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

CLIENT / PARENT PAY

EMAIL _____

IF THE SCHOOL IS PAYING, PLEASE HAVE THEM SEND US WRITTEN CONFIRMATION OF THAT INTENT. IF WE DO NOT RECEIVE AUTHORIZATION TO INVOICE THE SCHOOL, CLIENT/PARENT WILL BE RESPONSIBLE FOR PAYMENT.

Social Understanding Groups

PLEASE CHECK YOUR PREFERRED DAY(S) AND TIME(S) BELOW:

Monday—Thursday sessions are held between 3:30 P.M. and 6:30 P.M.

_____ Monday	Available time: _____	_____ Thursday	Available time: _____
_____ Tuesday	Available time: _____	_____ Friday*	5:00—7:00 pm
_____ Wednesday	Available time: _____		*Teens/Young Adults ONLY*
OTHER: _____			

Speech/Language Therapy & Individual Sessions

PLEASE INDICATE HOW MANY SESSIONS PER WEEK, DAYS, AND YOUR PREFERRED TIME(S) BELOW:

Sessions are held between 9:00 A.M. and 5:00 P.M.

_____ 1 session per week	_____ Monday	Available time: _____
_____ 2 sessions per week	_____ Tuesday	Available time: _____
_____ 3 sessions per week	_____ Wednesday	Available time: _____
	_____ Thursday	Available time: _____
	_____ Friday	Available time: _____

OTHER: _____

PAYMENT INFORMATION ON BACK



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PAYMENT INFORMATION

Financial Assistance

- CYNTHIA K. HOEHL INSTITUTE UNDERWRITING REQUEST
 - * Available to families with an adjusted gross income of \$125,000 or less.
 - * Please attach page 1 of your 2010 1040 tax form.
- STERN CENTER SCHOLARSHIP
 - * Available to families with an adjusted gross income of \$80,000 or less.
 - * Please attach page 1 of your 2010 1040 tax form and fill out our scholarship application.
- PAYMENT PLAN REQUEST
 - * **All payment plans will have a 5% administrative fee applied to the balance due.**

Method of Payment

A **\$100 non-refundable deposit** is required to secure a spot in our program.

Please return this form to:

Stern Center for Language and Learning
Attn: Lisa Marcus
135 Allen Brook Lane
Williston, VT 05495

CHECK (Make check payable to: Stern Center)

VISA / MASTERCARD

CREDIT CARD #

____/____
EXP. DATE

CVV#

BILLING ZIP

NAME ON CARD

SIGNATURE

We look forward to working with you during the school year. If you have any questions or concerns about this form or method of payment, please call Lisa Marcus at 802-878-2332x338 or email lmarcus@sterncenter.org.

Thank you.