



**Hamaguchi & Associates**  
**Pediatric Speech-Language Pathologists, Inc.**  
20111 Stevens Creek Blvd., Ste.145  
Cupertino, CA 95014  
(408) 366-1098 • fax (408) 366-1011  
www.hamaguchiandassociates.com

## **Registration Contract: Academic Year 2011-2012**

Hamaguchi & Associates Pediatric Speech-Language Pathologists, Inc.

Child's Legal First Name: \_\_\_\_\_  
Parent Filling Out this Form: \_\_\_\_\_

Please leave messages on the following phone in case you need to reach our family regarding scheduling, therapist sickness, or emergencies: \_\_\_\_\_

**\*\*\*Please initial to the left of each numbered item so we are assured that you have read and understood each item.**

*I am registering my child for therapy at Hamaguchi & Associates. I understand that:*

\_\_\_\_\_ 1) **Attendance/Cancellation Policy:** My child is expected to attend therapy on the day/time scheduled. If I am late, I will still be billed the usual fee and the session will conclude at the scheduled time. If I do not call ahead and cancel or **give less than 3 hours' notice**, I will be charged the full fee for the session. (Fully-paid sessions are not counted towards absences.)

\_\_\_\_\_ 2) **Holiday closures:** The following dates are holidays and times the office is closed. If I celebrate a religious holiday that is not listed here, I will let the office know at the time of registration and my child will also be exempted those days as well (up to two dates, maximum, please). Please note that only the actual religious holidays are exempted if they fall on your child's therapy appointment day, *not vacation times that surround those holidays.*

<b>July 4<sup>th</sup></b>	<b>Independence Day</b>
<b>September 5<sup>th</sup></b>	<b>Labor Day</b>
<b>November 24<sup>th</sup>-25<sup>th</sup></b>	<b>Thanksgiving &amp; day after</b>
<b>December 26<sup>h</sup></b>	<b>No sessions scheduled</b>
<b>February 20<sup>th</sup></b>	<b>Presidents Day</b>
<b>April 6<sup>th</sup></b>	<b>Good Friday</b>
<b>May 28<sup>th</sup></b>	<b>Memorial Day</b>

\_\_\_\_\_ 3) **Absences and holding your child's slot:** My child is allowed to miss up to 4 sessions per academic year if he/she comes once a week, 8 sessions if he/she comes twice a week, 12 sessions if he/she comes 3 times a week, etc. Group sessions are prorated in a similar manner, separately. The holidays listed above are not counted. **After that, I will be charged ½ the regular session fee of any session I cancel, for any reason to hold my child's slot.** I understand that insurance companies do not reimburse for cancellation fees. Due to scheduling constraints, no make-ups are allowed.

\_\_\_\_\_ 4) **Cancelling the Program:** The first 4 weeks with a new speech pathologist at this practice is considered a trial basis. If I am not happy during this trial period, for any reason, (e.g. the match between my child and the speech pathologist staff or if my child is not settling down during the sessions) I will give at least a 48-hour notice to cancel this contract. After 4 weeks, if I choose to withdraw my child for any



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**Sign Me Up for ACH! (Attach a Voided Check)**

*(If you currently participate in this plan, you do not need to fill this out again)*

**Automatic Payment Withdrawals Directly from Your Bank**

\_\_\_\_ (initial) I authorize Hamaguchi & Associates to withdraw all fees due to maintain my child's speech therapy program and account in good standing including registration fees, therapy/cancellation fees, report-writing fees, etc., per the office policies. Fees are withdrawn the date incurred or shortly thereafter. A statement/receipt will be sent or hand-delivered the next month with the prior month's fees detailed. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Bank Name (Depository) \_\_\_\_\_

City where bank is located: \_\_\_\_\_ State \_\_\_\_\_

Zip code where bank is located: \_\_\_\_\_

Pick one:  checking  savings  money market fund

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Billing Address  same as home  No, it's different: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

You may revoke this authorization at any time by notifying Hamaguchi & Associates in writing that you are revoking this authorization, providing adequate notice to complete in-progress transactions.

**Don't forget to include a voided check.**

Please attach check here.