

Tech Tykes targets building social skills and improving speech and language skills through active, hands-on activities for young children. This program is facilitated by faculty in the Speech-Language Pathology and Occupational Therapy programs at TTUHSC. For more information, contact Brittany Hall, M.S., CCC-SLP, LSLS Cert. AVT.

Brittany.hall@ttuhsc.edu or 806-743-9056

TECH TYKES SESSION 1	06/04/18- 06/14/18	M-TH		All Saints Episcopal School 3222 103rd St, Lubbock, TX 79423
TECH TYKES	06/18/18-	M-TH	9 A.M	All Saints Episcopal School
SESSION 2	06/28/18		11:30 A.M.	3222 103rd St, Lubbock, TX 79423

Tech Tasters (children 3 years - 6 years)

Tech Tasters targets positive food experiences for children with food selectivity. For more information, contact Sarai Granados, M.S., CCC-SLP. Sarai.granados@ttuhsc.edu or 806-743-9057

TECH TASTERS SESSION 1	06/04/18- 06/27/18	M/W	TTUHSC Speech-Language & Hearing Clinic
TECH TASTERS SESSION 2	06/05/18- 06/28/18	T/TH	TTUHSC Speech-Language & Hearing Clinic

Billing Information for all sessions

We are able to accept commercial insurance and self-pay for these sessions.

IF PAYING OUT-OF-POCKET:

- \$35 per day = \$280 per session (20% prompt pay discount=\$224)
- \$95 per day =\$760 per session (20% prompt pay discount=\$608)
- A \$50 down payment is due at the time of registration. Cost for all programs must be paid in full by the first day.
- Installment payments will be possible as long as the final payment is made by the first day.

IF FILING WITH INSURANCE

call confirming your registration.

- If filing with insurance, you must submit a copy of a current evaluation and current insurance card.
- Any HMO/PPO must pay copay in advance.

If you are **NOT CURRENTLY BEING SEEN** in our clinic, you will need to provide an assessment conducted by an SLP within the past year. We can schedule an assessment in our clinic as well.

Complete this form and return to: TTUHSC Speech-Language & Hearing Clinic, 3601 4th Street MS 6073, Lubbock, TX 79430. Or Fax to 806-743-5674. Please submit as soon as possible, as these sessions fill up quickly. You will receive an email or phone

Child's name:			Age:	Date	of birth:	
Parent(s):		Email	l Address:			
Address:		City:		State:	Zip:	
Home#	Cell#		Eme	rgency#		
School currently attending:						
Grade most recently completed:		Currer	ntly seen for th	erapy? Yes No		
Provide SLP's name and number	r if contact is allowed					
Parent/guardian Signature						
I will be paying by:	check (check number #)	cash			
credit card (call 806-743-5678 to give information)						

Enrollment is limited. Please check your calendar to assure your child is available to attend the 8 days that correspond with your Summer Therapy Program.

Please indicate desired session:

TECH TYKES	SESSION 1 or 2	\$35 per day	\$280 total	
TECH TASTERS	SESSION 1 or 2	\$95 per day	\$760 total	



School of Health Professions Speech, Language, and Hearing Sciences