



Lighthouse Project

*Providing Occupational and Speech Therapy Services for Children with Unique Learning Needs
Specializing in the Treatment of Asperger's, NLD and HFA*

Lighthouse Project Policies

Child's Name: _____

Please initial the following statements to show that you agree to comply with the Lighthouse Project policies.

- Initial evaluation/ Parent Intake of \$180 upon enrollment, with \$50 deposit towards the initial evaluation are required.
- The \$50 deposit is not refundable if the initial evaluation/ parent intake is canceled.
- Equivalent of two sessions deposit is required at the time of registration.
- Minimum of eight-hour notice for cancellation of any session; to avoid "no-show" charges of \$50.
- To avoid charges a minimum of two-weeks written notice is required for any discontinuation of services.



Signature

Print Name

Date