

EDUCATION AND THERAPY ASSOCIATES, INC

SPEECH, LANGUAGE, LEARNING EVALUATION AND THERAPY

315 University Avenue - The Cottage, Los Gatos, CA 95030

Phone: (408) 356-7603 Email: etainc@gmail.com

April 1, 2026

- * This year our Summer Session begins on June 8, 2026 and continues through August 14, 2026.
- * The program consists of ten weeks.
- * Children are seen two or three times weekly during the summer.
- * If you would like your child to attend the summer program, please read the requirements below and if you are able to comply, fill out the Summer Therapy Request Form and mail it or bring it to our office.

NOTE: Therapy is scheduled on a 'first received, first scheduled' basis, beginning **Monday, April 20, 2026**. Requests cannot be accepted earlier than this date, and cannot be taken over the phone or by email.

I am aware of the importance of your therapy time, as well as the need for you to schedule other activities, therefore I will make every effort to work with you to provide preferable therapy times.

Please return this form as soon as possible so I may accommodate your schedule. [Summer therapy appointment times will not be scheduled until I receive your therapy request AND your deposit check.] **All forms must be returned by Friday, May 1st.**

A \$928.00 deposit is required at the time your request is made. If your child is accepted and scheduled for therapy, that deposit is non-refundable. It will be credited to your balance at the end of August.

IMPORTANT - PLEASE NOTE: I require your child's attendance at least eight (8) of the ten (10) weeks of scheduled summer therapy (a minimum of 16 sessions if therapy is scheduled twice weekly and 24 sessions if your child is seen 3 times weekly).

If you plan to take a vacation, it is important that you provide the dates, *in writing*, when you submit this request. My policy permits a two-week vacation, but those dates must be provided in writing by May 1st along with your request form. Rescheduling requests to accommodate vacations or camps not received by 5/1/26 may not be able to be accommodated.

Thank you in advance for taking the time to read this and for your cooperation. I look forward to a productive summer session.

Please indicate any preferences you may have for therapy days, and/or times your child *cannot* be seen.

SUMMER THERAPY REQUEST FORM

CLIENT NAME: _____

BEST TIMES: _____

BEST DAYS: _____

TIMES/DAYS UNAVAILABLE: _____

DATE REQUEST RECEIVED: _____