

## POLICY ACCEPTANCE

I certify that I am the parent or legal guardian of \_\_\_\_\_  
whose date of birth is \_\_\_\_\_. I have been provided with a copy of the Policy  
Statement dated 6/13. I understand and agree to abide by the policies of Penni Siemens dba  
Creative Communication for Kids. I understand that Creative Communication for Kids is an  
association of therapists operating as sole proprietors and that I am enrolling for evaluation  
and/or therapy only through the office of Penni Siemens. I understand that I am financially  
responsible for services and that reimbursement by my insurance company is not guaranteed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (printed)