

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 Tamaryn Kulman 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 Tamaryn Kulman. I understand that evaluation, therapy, and consultation will be provided by Tamaryn Kulman. 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)