



Can We Talk? Registration Form

Child's Name: _____

Date of birth: _____

Grade for 2019/2020 School Year: _____

Preferred contact email: _____

Mother's Name: _____

Mother's Contact Number: _____

Father's Name: _____

Father's Contact Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Does your child have any allergies? If so, please list below:

I hereby authorize my child to participate in all activities of Can We Talk?, provided by Three C's Speech Therapy Services at Friendship Missionary Baptist Church at 3400 Beatties Ford Rd, in Charlotte, NC. *

Parent Signature

I hereby authorize photos to be taken of my child to be used on the website and in other promotional materials. *

Parent Signature