

Music Therapy Group Registration Form

Today's Date:	Name of Your Child:
Your Child's Date of Birth:	Diagnosis:
Parent/Guardian:	Address:
Home Phone: Cell Phone: Other Phone:	E-mail Address:
<p>3 major goals your child is working on in therapy/at home:</p> <ol style="list-style-type: none"> 1. 2. 3. 	

Music Therapy Group Details

<p>Choose Preferred Group:</p>	
<p><u>SOCIAL SKILLS GROUPS</u></p> <p><input type="checkbox"/> Musical Connections</p>	<p><u>ACADEMIC READINESS GROUPS</u></p> <p><input type="checkbox"/> Classical Classroom</p>

Please list your availability

Mon	Tues	Wed	Thurs	Fri	Sun