Date Recv'd_____

Family Name:

Music Therapy Registration Form – 2011/2012

Indian Hill Music School, PO Box 1484, Littleton, MA 01460

Tel. (978) 486-9524 Fax (978) 486-9844

( ) New to IHM *HOW DID YOU HEAR ABOUT US?* _____

( ) Current Indian Hill Music Student

Client Name _____ Date of Birth _____ Male/Female _____

Home Phone # _____ E-Mail_____

Address _____ Town _____ State_____ Zip _____

Emergency Contact :_____

(Name) (Relationship) (Phone)

Mother/Guardian Name _____Work #_____Cell #_____

Father/Guardian Name _____ Work #_____Cell #_____

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:
( ) Caucasian ( ) African-American ( ) Asian-American ( ) Native-American ( ) Hispanic ( ) Other_____

I have reviewed the Policies & Procedures in print or on the website and agree to abide by them.

Signature _____ **Date**_____

INDIVIDUAL SESSIONS (30 min): Consultation: $35 Therapy Session: $45 (8 sessions $360)

The $35 consultation fee is due with this form. Scholarships and payment plans may be available for those with financial need..

Briefly tell us about the client: diagnosis, sensory sensitivities, past therapy experiences, any known antecedents relating to a musical experience, personal goals for music therapy, preferred instruments and musical styles. Use separate sheet if needed.

_____

_____

_____

_____

_____

_____

Indicate Client Availability: MONDAY – Could arrive by:_____ Must leave by:_____

WEDNESDAY – Could arrive by:_____ Must leave by:_____

For Office Use Only ***AC/CH_____***

CONSULTATION SCHEDULE – DATE_____TIME_____ ***Consult Pd_____ QB_____ Sched_____***

SESSION 1 Schedule – DAY_____TIME_____#Sessions_____ ***Session Pd_____ QB_____ Sched_____***

SESSION 2 Schedule – DAY_____TIME_____#Sessions_____ ***Session Pd_____ QB_____ Sched_____***

SESSION 3 Schedule – DAY_____ _TIME_____#Sessions_____ ***Session Pd_____ QB_____ Sched_____***

SESSION 4 Schedule – DAY_____TIME_____#Sessions_____ ***Session Pd_____ QB_____ Sched_____***