



Music Therapy Social Skills Group Registration Form

Parent and/or guardian contact information

Child's name: _____ DOB: _____

Neurologic

Primary Diagnosis: _____

Music Therapy

Parent(s) Name: _____

Services

Address: _____

Phone: _____ Cell phone(s): _____

Email: _____

Terms and Conditions

In order to reserve your spot, full payment and registration are due by:
Regular Session Rate: \$192 if submitted by **Wednesday, April 11, 2012.**
Early Bird Rate: \$172 if submitted by **Friday, March 30, 2012.**

Session dates are: *April 14, 21, 28 and May 5, 12, 19.* Payment is non-refundable. If your child is absent, the class will not be credited. If the instructor is absent, the class will be rescheduled. Make checks payable to **SPECIAL MUSIC, Inc.**

In order to place your child in a group that best meets his or her needs, Beth will contact you to discuss your child's needs and abilities to then decide which group may be the best fit for your child. Groups will be divided by age and abilities, and Beth will inform you of your child's group time.

Please review these Terms and Conditions provided by *Special Music, Inc.* Beth Wiskus MA, MT-BC, NMT. Speak to the music therapist if you have any questions regarding these terms or if you have special circumstances that need to be considered. Beth Wiskus strives to provide quality neurologic music therapy services to each client. It is her hope to help each client to learn, grow and succeed through the use of Neurologic Music Therapy.

In order of preference, check the top 2 group time slots that work best for you.

- _____ 9:00-10:00
- _____ 10:15-11:15
- _____ 11:30-12:30

If you agree to these Terms and Conditions, please provide your signature below.

Signature of parent/guardian

Date