

**Music Therapy at Helping Hand Center Outpatient Clinic Registration Form**

**Child Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Does your child have an official diagnosis?    Yes    No

If yes, what is his/her official diagnosis? \_\_\_\_\_

\_\_\_\_\_

**Contact Information:**

<b>Parent/Guardian:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	

<b>Parent/Guardian:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	

**Emergency Contact Information:**

<b>Emergency Contact</b>	
<b>Address:</b>	
<b>Phone Number:</b>	

If for any reason, a session should need to be cancelled, 24 hours notice will need to be given. If 24 hours notice is not given, payment for the session will need to be made at the time of the next session.

**I have been informed of and agree to the payment policies outline listed above.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

