## THE MUSIC STUDIO Circle of Friends Spring 2018 Registration Form

Student	Age	Grade	Birthdate
Parent(s)			
Address	City		Zip
Phone (Day)	(Evenin	g)	
Parent Email			
Previous Musical Background			
Does your child have any sensory concerns that tactile defensiveness, etc)?	t we should be aware	e of (e.g. auditor	ry sensitivity,
Does your child use any specific communication communication devices?	supports such as pic	tures or augmen	tative
Does your child benefit from any proactive supp (e.g. first/then board, picture schedule, etc)?	ports that will help us	assure their succ	cess in music class
Are there specific words or phrases that you wo	ould like your child to	learn that we co	ould reinforce through music?
Additional comments			
ALL REGISTRATION FORMS MUST BE ACCO	MPANIED BY THE C	OURSE TUITION	N FEE: \$146
MARCH 3 - APRIL 7 [ ] Saturday 11:15 am ( 6-10 year olds ) [ ] Saturday 12:15 pm ( 4-6 year olds )		<mark>ca11</mark> (518) 459-779	
APRIL 28 - JUNE 2		email	THE MUSIC

[ ] Saturday 11:15 am ( 6-10 year olds )

[ ] Saturday 12:15 pm ( 4-6 year olds )

## emall

admin@ themusicstudio.com

