



THE MUSIC STUDIO
Circle of Friends
Fall 2019 Registration Form

Student

Age

Grade (Fall '19)

Birthdate

Parent(s)

Address

City

Zip

Phone (Day)

(Evening)

Parent Email

Previous Musical Background

Does your child have any sensory concerns that we should be aware of (e.g. auditory sensitivity, tactile defensiveness, etc)?

Does your child use any specific communication supports such as pictures or augmentative communication devices?

Does your child benefit from any proactive supports that will help us assure their success in music class (e.g. first/then board, picture schedule, etc)?

Are there specific words or phrases that you would like your child to learn that we could reinforce through music?

Additional comments
