



# Music & Sound Registration Form

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Does your child have any special needs, diagnoses or medical issues that MTEC would need to take into account when planning appropriate sessions?    No                      Yes  
If yes, please describe \_\_\_\_\_

<b>Class:</b>	<b>Music &amp; Sound</b>	<b>Class 1:</b>	<b>Thursdays, 9:00-9:45 a.m. (ages 5-7)</b>
<b>Dates:</b>	<b>June 17, 2010 – August 19, 2010</b>	<b>Class 2:</b>	<b>Thursdays, 10:00-10:45 a.m. (ages 3-5)</b>
<b>Cost:</b>	<b>\$230 for 10-week session</b>	<b>Class 3:</b>	<b>Thursdays, 1:00-1:45 p.m. (ages 13-19)</b>
<b>Location:</b>	<b>MTEC's Westlake Center</b>	<b>Class 4:</b>	<b>Thursdays, 2:00-2:45 p.m. (ages 8-12)</b>
		<b>Class 5:</b>	<b>Thursdays, 3:00-3:45 p.m. (ages 5-7)</b>

CLASS(ES) YOU ARE REGISTERING FOR:	TUITION:
_____	\$ _____
_____	\$ _____

For a guaranteed spot, this form must be accompanied with full tuition and sent to MTEC no later than two (2) weeks prior to the start of session. Mail payments and form to: MTEC, 29160 Center Ridge Road, Suite B, Westlake, Ohio 44145.

Amount enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_

Please check here if you DO NOT want you/your child photographed or videotaped for any MTEC use. If this line is not checked, you are agreeing to allow any photos or video obtained of you/your child to be used in MTEC public relations materials including but not limited to: website, brochures, and marketing materials.

How did you hear about MTEC's Music & Sound Class?  
MTEC mailing                      Friend                      Health/Recreation Fair (please specify) \_\_\_\_\_  
Website                              Other (please specify) \_\_\_\_\_

## Bringing Music to life!

## Music & Sound – Client Profile

Student Name \_\_\_\_\_

How does your child function socially and emotionally in pairs, groups, male/female relationships, and with authority figures?

How well does your child express him/herself both verbally and non-verbally? Does your child have any articulation or other speech problems?

How does your child feel about him/herself personally? Describe their level of self-confidence.

Does your child have difficulty with concentration/attention span? How is his/her ability to follow directions and to solve problems?

Is your child taking any medication that may affect behavior or performance in therapy? If so, give medication, purpose, and any side effects.

Please describe 2-3 social skills/areas that you would most like to see improved in your child.