



Music Therapy Registration Form



To register for the DDSA Virtual Spring Music Therapy Sessions:

1. Complete this form and email it to mastermail@ddsa.ca by Thursday April 22nd.
2. E-transfer the applicable fee to mastermail@ddsa.ca by Thursday April 22nd
(please include the reason for the e-transfer in the message)

Parent's Name: _____ Email Address: _____

Address: _____ Phone Number: _____

Child's Name: _____ Child's Age: _____ Diagnosis: _____

Music Therapy Session: 2-4 yrs old _____ 5-10 yrs old _____ 11-15 yrs old _____ 16+ yrs old _____
Fee (Member/Non-member): (\$20/\$30) (\$30/\$45) (\$40/\$60) (\$40/\$60)

Date of E-transfer: _____ Amount: _____

Background Information for Creative Minds Music Therapist

What can the participant do? Please comment on the following areas.

1. Ability to follow directions: _____

2. Ability to grasp/hold instruments and/or play independently: _____

3. Verbal/non-verbal communication skills: (E.g. gestures, sign language, visual schedule, words, etc.)

4. Past participation in music therapy? Individual or group sessions?

5. Any favourite music/songs: _____

6. Why is participant in music therapy? _____

7. Anything else we should know about the participant? _____
