

Once Upon A Song
Registration/Client Information Form

All of the information provided is used solely to get to know your child better and is strictly confidential. The information you provide on this form will not be shared in any way. This information helps our therapists and teachers to get to know more about your child before they start working together. Please try to be as detailed as possible.

Clients Name:	
Age/DOB:	
Grade (if applicable):	
Favorite Music:	
Favorite TV/Movies:	
Other Interests:	
Dislikes/ anything that may upset them:	
Diagnosis:	
Please briefly describe how you feel your child would benefit from receiving our services and what changes you would like to see in them:	
Have they received Music Therapy services before? (If not MT client please fill out according to which service/class you signed up for):	
If so, where and for how long?	
What other services are they receiving?	
What school do they attend and do they have an IEP (if applicable):	
Siblings:	

Parent Marital Status:	
Relationship to Guardian (if not parents):	
Allergies:	
Does your child have any medical conditions we should know about?	
Is your child prone to have seizures?	
Does your child have any sensory needs? If so, what are they?	
Please include anything else you would like us to know about your child:	
Parent's names and contact info:	
Home Address:	
Emergency Contact info:	
Services/classes enrolled in at Once Upon A Song:	

Name:	Date:
Signature:	