



2019 Summer Camp - Registration Form

Thanks for registering one of your children to attend one of our summer camps.

We are excited and look forward to making music with them this summer!

Please answer questions on this form so we can make plans for all of the campers to have an awesome experience together. Information is confidential and any questions not applicable for your child, please list NA. Completed forms can be sent to: director@piedmontmusictherapy.com.

SIBLINGS MAKE MUSIC CAMP REGISTRANTS ONLY

CAMPERS' Name and Date of Birth:

_____ DOB: _____ Dominant Hand: _____

_____ DOB: _____ Dominant Hand: _____

With whom else does client live? _____

Their sibling relationship can be described

as: _____

— Pet(s) _____

BASIC CAMPER & FAMILY INFORMATION:

Camper Name: _____ Date of Birth: _____ Dominant Hand: _____

Parent/Guardian Name: _____

Phone Number: _____ (Cell) _____ (Work) Email address: _____

Mailing address: _____

Preferred method of communication: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ (Cell) _____ (Work)

GENERAL INFO:

Client's medical condition/diagnoses: _____

Medications that may impact summer camp: _____

Campers will bring their own snacks daily for camps that are 2 hours or longer. Any restrictions/considerations INCLUDING FOOD ALLERGIES OR SENSITIVITIES since the campers will share tables during snack time? _____

MUSIC INFORMATION:

Any prior experience with music therapy? <i>Please describe:</i>
Participation in any of the following: Music Lessons /Musical Theater /Choir /Band /Orchestra Studied instrument(s): _____
Preferred radio station/CDs: _____ Instrument and artist preferences: _____ Sound sensitivities: _____ Access or use: CD / DVD/ Computer / Smart Phone / iPad / _____

EDUCATION & SERVICES:

Current educational or vocational setting: _____
 Rising Grade: _____ Aide: Yes / No

Therapy (SLP/PT/OT) Service provider: _____ Therapy (SLP/PT/OT) Service provider: _____ Therapy (SLP/PT/OT) Service provider: _____

FINAL INFO:

Client's personality could be described as: _____
 Overall strengths of the camper: _____

What do you anticipate from this summer's camp experience? _____

Any other comments or questions for our staff? _____



I _____ consent to my child receiving summer camp programming from Piedmont Music Therapy, LLC.

Signature

Date