

**THE INSTITUTE OF MUSIC FOR CHILDREN SPRING 2017 REGISTRATION FORM**  
**TUESDAYS/WEDNESDAYS/ SATURDAYS**

**One Student per form/Un estudiante por la forma.      How did you hear about our program? (please circle)**  
**Please print CLEARLY /Por favor escriba CLARAMENTE    Child's School   Saw Banner   Friend/Family   Internet   Other \_\_\_\_\_**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_     Returning Student    New

Student Name: \_\_\_\_\_    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Age: \_\_\_\_\_    Last Grade Completed: \_\_\_\_\_     Male     Female

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_    Zip: \_\_\_\_\_    County \_\_\_\_\_

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

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

Family Email: \_\_\_\_\_    Hm. Phone: \_\_\_\_\_

Cell Phone (1): \_\_\_\_\_    Cell Phone (2): \_\_\_\_\_

**For class updates or cancellations, you can best reach me by:     Text    Call    Email**

**Emergency Contact - Please list someone OTHER than parent (or self)**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_    Phone Number: \_\_\_\_\_

**Select your semester:    12- Weeks Spring (February - May)**

If available, would you need to rent an instrument? (\$25 for 12-wks.)    Yes    No    Violin    Guitar

**If you are a returning PRIVATE STUDENT, please indicate the following:**

Teacher (s) : \_\_\_\_\_    Class(es): \_\_\_\_\_

Day(s) of Classes: \_\_\_\_\_    Time of Class(s): \_\_\_\_\_

List any medical conditions/medications that we should be aware of (i.e. allergies or seizures, etc.)

**Learning & Behavior:**

Information about your child can be **VERY IMPORTANT** for us to know so we can best meet his or her needs. Please make us aware of any BEHAVIOR, LEARNING, or SOCIAL CHALLENGES your child's been having.

***My Child learns best in this type of learning environment:***

STRICT	REPETITIVE	SLOW	FREE-FLOWING	RELAXED	DEMANDING	FAST-PACED
STRUCTURED	PATIENCE	CONSTRUCTIVE CRITICISM	POSITIVE REINFORCEMENT			

**In school or classroom my child is/has (please circle all that apply):**

TROUBLE FOCUSING	TALKATIVE	SHY	ENTHUSIASTIC	BOSSY	EAGER
CLASS CLOWN	ANGER MANAGEMENT ISSUES	HARD TIME FOLLOWING INSTRUCTIONS	SELF-ESTEEM CONCERNS		
STRUGGLES WITH ANXIETY	GETS BULLIED	MAKES FRIENDS EASILY	OTHER: _____		

**Diagnoses:**    ADD     ADHD     SPD     Dyslexia    Conduct Disorder    Autism Spectrum    Anxiety Disorder

Any other learning or social skills challenges? \_\_\_\_\_

Describe your child: \_\_\_\_\_

\_\_\_\_\_