HEARTLAND MUSIC THERAPY SERVICES
Registration Form

Participant Information

Participant Name: _____

Date of Birth (MM/DD/YYYY): _____

Parent/Guardian Name (if under 18): _____

Home Address: _____

Email Address: _____ Phone Number: _____

Session Details

Program you are interested: Individual Music Therapy Group Music Therapy

Choose the specific programs you want to enroll:

[ ] Individual Music Therapy Screening

[ ] Individual Music Therapy Assessment (6 sessions)

[ ] Individual Music Therapy On-going (need to complete Assessment sessions

[ ] Healing Sounds and Beat for Parkinson's

[ ] Music for Seniors

Comment/Questions: _____

Preferred Day/Time: (Please give us more than one preferred day/times)

_____

(_____ for individual lesson only)

We will do our best to accommodate your preferred schedule. If your requested day and time are unavailable, we will place you on the waitlist.

Program Policies & Expectations

Please review and initial the following terms:

[ ] Cancellation: I understand that at least 24 hours' notice must be given to cancel or reschedule an individual lesson. A missed lesson or a last-minute cancellation (less than 24 hours' notice) will count as a paid session.

[ ] Payments: Different for each program. Please ask the office.

Media & Photography Consent

Heartland Music Therapy Services reserves the right to take and use photographs of individuals using Amadeus Square for the Arts and/or participating in programs by Heartland Music Therapy Services, Alpha Bell Music and Creative Arts Alliance. Such photographs are the property of the Heartland Music Therapy Services and my be used in brochures, advertisements and other promotional materials.

Consent & Signature

I authorize the participant listed above to enroll in the music therapy program at Heartland Music Therapy Services. I acknowledge that I have read, understand, and agree to the policies regarding payment and attendance outlined above.

I certify that I am either the adult participant or the parent/legal guardian of the minor participant named on this form.

Parent/Guardian or Adult Student Name: _____

Signature: _____

Date: _____

PAYMENT INFOMATION

Name on Card: _____

Billing Address: _____

City: _____ State: _____Zip _____

Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number: _____CVC: _____