

## **Music Lesson Enrolment**

Child's name:	Date of birth:
What instrument would you like your child to learn?	
Musical interests and skills observed: (vocal and movemen instruments, how does your child respond to music)	t/rhythmic responses, styles of music, musical
Diagnosis:	
Communication/social skills: (preverbal & verbal skills, abil	ity to relate to others)
Level of comprehension/cognition: (receptive & expressive	e language ability)
Sensory abilities/difficulties: (vision, hearing, touch)	
Physical mobility: (walk, wheelchair, use of limbs)	
Psychological/emotional/behavioural characteristics: (conf	idence, ability to express self, anxiety, aggression)
Any other information?	

Availability:	Monday	Time:	
	Tuesday	Time:	
	Wednesday	Time:	
	Thursday	Time:	
	Friday	Time:	
	Saturday	Time:	
Name of parent:			
Address:			
Suburb:		State:	Postcode:
Phone:		Mobile:	
Email:			
<ol> <li>Students</li> <li>Fees are invoice of</li> <li>Cancellar or call us less than</li> </ol>	and carer must remain on the are expected to attend on a payable on a term by term belate.  Ition policy: if the student is used and we will do our best to find 24 hours' notice is given.	weekly basis on a term by asis by cash, cheque or di anable to attend a lesson, and an alternate time. A 50	•
Name: _		Signature:	
	tudent:		Date: