

## **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 move instruments, how does your child respond to music) | ment/rhythmic responses, styles of music, musical          |
|   |  |
| Diagnosis:  |  |
| Communication/social skills: (preverbal & verbal skills   | , ability to relate to others)                             |
|   |  |
| Level of comprehension/cognition: (receptive & expre  | essive language ability)                                   |
|   |  |
| Sensory abilities/difficulties: (vision, hearing, touch)  |  |
|   |  |
| Physical mobility: (walk, wheelchair, use of limbs)   |  |
| Psychological/emotional/behavioural characteristics:  | (confidence, ability to express self, anxiety, aggression) |
|   |  |
| Any other information?  |  |
|   |  |
| How did you hear about Sound Expression?  |  |

| Availability:  | Monday                                  | Time:   |  |  |
|--|---|---|--|--|
|  | Tuesday                                 | Time:   |  |  |
|  | Wednesday                               | Time:   |  |  |
|  | Thursday                                | Time:   |  |  |
|  | Friday                                  | Time:   |  |  |
|  | Saturday                                | Time:   |  |  |
| Name of parent:  |   |   |  |  |
|  |   |   |  |  |
|  |   |   | Postcode:                                    |  |
| Phone:   | Phone: Mobile:                          |   |  |  |
| Email:   |   |   |  |  |
|  | a managed funding  Managed funding  ent | • FaHCSIA/F   | Managed funding  HCWA funding  ase specify): |  |
| Terms & Conditio   | ns:                                     |   |  |  |
| <ol> <li>Students</li> <li>Fees are print invoice date</li> <li>Cancellation or call us</li> </ol> | ate.<br>ion policy: if the student is   | a weekly basis on a term by<br>basis by cash, cheque or dir<br>unable to attend a lesson, p |  |  |
| I have read, unde  | _                                       | erms and conditions and a   | ny questions I have asked have been          |  |
|  |   |   |  |  |
| Name:  |   | Signature:  |  |  |
| Relationship to st   | udent:                                  |   | Date:  |  |