

# Music4Me Application

Special Learner's Classes to age 12.

*~Please Print~*

Name of Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box/ Street Address

City

State

Zip

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in School as of September 1 \_\_\_\_\_ Male ( ) Female ( )

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

***Person Responsible For Account:*** (If other than parent listed above.)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

***Student's Medical History:*** (please complete attached questionnaire)

Are there any medical diagnosis, allergies, etc. that we should know about? (Optional. Confidentiality is honored.)

***Student's Preferences Profile:***

What are your child's likes? \_\_\_\_\_

List his/her dislikes and response to them \_\_\_\_\_

List additional information that might enhance your child's learning experience

***I understand that...***

- Once enrolled a time slot is reserved just for me. I am an on-going student and responsible for monthly tuition through my written termination notice, regardless of whether I attend the lessons or not.
- Application fee and tuition will not be refunded for any reason.
- All of our ECM classes may be videot for educational and training purposes.
- Should I need to terminate, I understand that one full calendar month written notice must be given. Written notice (with a signature) must be submitted to the office before the first day of the calendar month of which termination will occur. Monthly tuition is not prorated, and termination must occur at the end of a calendar month. Failure to follow this procedure will result in my being charged an additional month's fees.

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Responsible Party's Signature***

Teacher _____	Class & Time _____	Rate _____	Start Date _____
Application fee: Single _____	Family _____	QBP _____	MT _____
School Location _____			

**Music4Me Questionnaire**  
***Early Childhood Music***  
**(256) 348-6634**

In an effort to develop a program that meets the learning needs of **your** child, please complete the following. (Remember that this information will be used only for our Music4Me program and is totally confidential.)

**History:**

List specifically the diagnosis of your child's learning disabilities.

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How old was your child when diagnosed? \_\_\_\_\_

List any therapy's that your child is currently involved in.

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Does your child attend school/preschool? If so where?

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**Communication:**

How does your child best communicate with you?

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With other family members?

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With other authority figures, such as teachers?

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How do you best communicate with your child?

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**Structured Environment:**

1. Do you feel that a **Social Story** helps your child with new, unfamiliar environments? \_\_\_\_\_

2. Is your child in a structured environment at any time of his/her day? \_\_\_\_\_

3. For how many hours, and what are the specifics?

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4. How does your child respond to that structured classroom environment? Be specific.

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5. How do **you** successfully guide your child into a strange environment?

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6. Does your child respond to a sequencing board?

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**Class time Participation:**

1. Your role in music class is to guide your child into participating and into the structure of the classroom environment. We ask that your child stays beside you during all the class time activities. Does your child respond to your guidance? \_\_\_\_\_

2. If not, how does your child respond? a) temper tantrum b) flop in floor c) running away d) none of these, list specific others:

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3. Some children respond better to a non-family member. If this is the case with your child, is that other person available to attend music class with your child? \_\_\_\_\_

**Circle all that apply:**

1. Does your child respond to: a) verbal commands b) picture commands c) sign language d) none of these, list others \_\_\_\_\_

2. My child enjoys: a) magnetic work b) drawing on whiteboard c) none of these, list other interests

3. My child best learns by:

4. My child best responds to: a) candy or other food b) stickers or prizes c) praise d) none of these, list specifically:

**The Power of Music**

Has your child had any type of music therapy? \_\_\_\_\_

Have you ever consistently played recordings of classical music in your child's environment?

Are you open to doing so? \_\_\_\_\_

Do you have a keyboard/piano in your home? \_\_\_\_\_

**Music4Me** is a department of Perfect Praise, Inc.  
184 E. Old Hwy 431, Hampton Cove, AL 35763  
[www.earlychildhoodmusic.net](http://www.earlychildhoodmusic.net)