COMMUNITY SCHOOL of MUSIC & the ARTS
a program of CMU

Community School of Music & the Arts
500 Shaftesbury Boulevard
Winnipeg, Manitoba R3P 2N2
Phone: 204.837.4870 email: csma@cmu.ca
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MUSIC THERAPY
REGISTRATION FORM

Client Name: ______________________ Home Ph: ____________ Email: ______________
(Email of parent if client is under 18)

Address: ______________________ City: ____________ Province: __________ Postal Code: __________

___ Individual Sessions ___ Group Sessions Name of Music Therapist: ______________________

Session location: ___ On-Site at 500 Shaftesbury Blvd

___ Other: ______________________

Session length: ___ 60 min.

___ 45 min.

___ 30 min.

If Individual Sessions:

Age: __________ Birthdate: __________ Gender: M F
Day / Month / Year

Parents or Guardians (If under 18) ______________________ Home Ph: __________ Bus/Cell Ph: __________ Email: __________

______________________ Home Ph: __________ Bus/Cell Ph: __________ Email: __________

If Group Sessions:

Name of Group Sponsor: ______________________ Contact Person: ______________________

Contact Phone Number: ______________________ Email Address: ______________________

Annual Registration Fee (non-refundable): $__________

Registration Fees: $10 individual, $15 group

__ Cheque Included

__ Charge Credit Card (information below)

Photo Consent: I hereby give consent to CSMA and CMU for using, reproducing and disclosing photographs of the above registered client in their publications, promotional and marketing material and on their website.

___Yes, I give photo consent. Signature: ______________________ ___No, I do not give photo consent.

Please complete payment information at bottom of page.

Policies:

1. PAYMENT MUST BE SUBMITTED IN ADVANCE. A $15 administration fee will be added when complete fees are not submitted by the 3rd session.
2. ALL REFUNDS are subject to a $15 administration fee.
3. MISSED SESSIONS: No refunds will be issued for sessions missed by the client(s).
4. WITHDRAWAL POLICY: Four (4) weeks written notice must be provided for withdrawal from music therapy sessions. Fees are payable for the duration of the four week period whether or not the sessions are attended.
5. NSF cheques are each charged a $20 fee.

I have read, I understand and I agree to abide by the aforementioned stipulations.

Signature ______________________ On behalf of: ______________________ Date: ______________
(Parent/Guardian if client is under 18 years of age) (name of client)

Payment: (Please indicate your choice)

___ **Cash** __full payment only

___ **Cheque**(s) __full payment only Please make cheques payable to Canadian Mennonite University.

___ **MasterCard** ___ **Visa** __full payment __monthly

Credit Card Number: ______________________ Auth. Number:________ Exp. Date:__________

Name of Cardholder: ______________________ Signature:______________________

For office use: Music Therapist: ____________ Day: ________ Time: ________ Rate: $______ X # sessions ______ = $ ________

Date received: __________ Payment received ______________________