

Registration Form - Fax to 610-449-5566; mail to MusicWorks, 2050 West Chester Pike, Havertown, PA 19083; or email lori.oleary@musicworkswonders.org. Thank you.

Referral Source:

Case Manager:

Phone:

Organization:

Fax:

Email:

Child's Name:

Date:

Address:

County:

MA ID#:

Home Phone:

Birthday:

Target Population: #1 #2 #3

Child's Age:

School:

Gender:

Grade:

Diagnosis:

Attendance: regular sporadic preschool
(select one) enrolled (rarely attends) dropped out

Medical Concerns:

Behavior: presents no problems preschool
(select one) presents occasional problems
presents constant problems

Race:

Performance: above average preschool
(select one) average
below average
failing

(optional)
Ethnicity: Hispanic or Latino: yes no

Do you consider your child's challenge mild, moderate or severe?

Verbal?

Ambulatory?

Does your child attend other social skills programs?

Parent(s) - circle mom or dad

Parent 1 mom dad

Parent 2 mom dad

Names:

Emails:

Cell Phones:

Guardian's Name:

Guardian's Cell Phone:

Who will attend the session with your child?

Additional comments that may be helpful for MusicWorks when working with your child: