

3600 TATES CREEK  
LEXINGTON, KY 40517



Office: 859-273-9991  
Fax: 859-273-8195

**January-June 2012: MUSIC THERAPY REGISTRATION FORM**

**Individual Music Therapy  
Registration Form**

January-June 2012

**SESSION LENGTH:**

\_\_\_ 30 Minutes (\$45 per session)

\_\_\_ 45 Minutes (\$60 per session)

\_\_\_ \$25 Registration Fee

\_\_\_ TOTAL\*

**PREFERRED MUSIC  
THERAPIST:**

\_\_\_\_\_

*\*Down payment of first session fee and registration fee due upon arrival at first session*

**GENERAL INFORMATION**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents' Names (if student is under 18 years) \_\_\_\_\_

I (the undersigned adult student, or I, the parent/guardian of), \_\_\_\_\_, have read the Music Institute handbook. I agree to abide by the policies of the Music Institute of Lexington, including those regarding payment and media involvement. \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**METHOD OF PAYMENT**

\_\_\_ **Check (make payable to "The Music Institute")**

\_\_\_ **Visa OR Mastercard**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature to Authorize Credit/Debit Charge: \_\_\_\_\_

**MAIL OR FAX THIS COMPLETED FORM (PLUS PAYMENT) TO:**

The Music Institute, 3600 Tates Creek Road, Lexington, KY 40517; Fax: 859-273-8195

**FOR OFFICE/THERAPIST USE ONLY:**

\_\_\_ Number of sessions

\_\_\_ Total cost