

## Sibling Group For Brothers and Sisters of RMTC Clients

Recommended for ages 4-10

October Holidays	Fee
<ul style="list-style-type: none"> <li>Tuesday 10<sup>th</sup> October 9:30-11:30</li> <li>Wednesday 11<sup>th</sup> October 9:30-11:30</li> </ul> <p><i>Morning tea will be provided (if your child has specific dietary requirements, please provide something they can eat)</i></p>	<p><b>\$60.00 first sibling, \$40 each additional child</b></p>

### Payment

Once you receive confirmation, you will be required to make payment in full. Payment can be made by cash, cheque or credit card.

Name of child: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of sibling who attends music therapy sessions: \_\_\_\_\_

Name of parent/carer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a contact phone number in case of emergency: \_\_\_\_\_

Does your child have any medical conditions or allergies that we need to be aware of? Please provide details below:

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Are there any other issues (i.e. behavioural or emotional) that you would like the therapists to be aware of when working with your child?

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Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Please return this form, no later than **Monday 25<sup>th</sup> September 2017**, via post to the address below or send via email to [info@rmtc.org.nz](mailto:info@rmtc.org.nz)