

Group Registration Form

Name of Client: _____ DOB: _____

Diagnosis: _____

Reason for referral: _____

Caregivers' Names: _____

Address: _____

Email: _____ Home Phone: _____ Mobile: _____

Cost is \$30 per session for Remini-sing!

A deposit equal to the first two weeks of sessions will be invoiced upon receipt of the registration form.

Group Registration Policies

Please email or send the registration form to Raukauri Music Therapy Centre. Upon receipt of your registration form, an invoice will be created for the two session deposit which must be paid before sessions begin. Sessions are invoiced at the end of each month, billing you in arrears. Payment is due on the 20th of the following month.

Because of the group format, refunds and make up sessions cannot be offered if you are absent. We would appreciate 24 hours' notice if you are going to be absent from a weekly session. If the group is cancelled by the Centre, a make-up session will be offered during the term break. The Centre reserves the right to cancel a group prior to the beginning of the term if there are not sufficient numbers of participants.

The decision to end therapy is an important one and needs to be planned for. We ask that you give us at least four sessions' notice if you are planning to end sessions, so that we can facilitate an appropriate ending for you.

Raukauri Music Therapy Centre Policies

Please advise us of any medical conditions which may require attention and keep us informed about any changes to medications or outside circumstances that may impact a family member's participation.

Therapy groups are sometimes recorded on audio and/or video for evaluating progress and are securely stored at the Centre. They are the property of the Centre and will not be viewed or used for any other purpose without your permission. Please do not film or photograph any part of the music groups.

Your feedback is important to us. Please talk to the therapist or Centre Director if you want to know more about music therapy or have questions or feedback about the sessions.

Signed: _____

Please return this form via post to the address below or send via email to info@rmtc.org.nz