



Music Therapy Application Winter 2019 (Ages 0-2 & Ages 3-4)

Please send your application to programstwincities@gigisplayhouse.org
Or GiGi's Playhouse: Attn Ashley Olthoff 4740 Park Glen Road, St Louis Park, MN 55417

If applying for more than one child in the family, please fill out separate application forms.

Child's Name: _____ Age: _____

Parent/Guardian: _____ Child's Birthdate: _____

Contact: email _____ Phone: _____

To ensure we have a balance of children with and without Down syndrome in each class please check: _____ Yes, this child has Down syndrome
_____ No, this child does not have Down syndrome

1.) I would like to have my child participate in the music therapy program because: _____

2.) Please list 3 specific skill areas you would like to have your child work on
A) _____
B) _____
C) _____

3) My child has previously received Music Therapy services
_____ individually _____ group _____ has not received music therapy.
_____ has attended music classes at _____
Please include any relevant info about your child's past experience with music therapy:

4.) My child's favorite kinds of music/instruments are _____

Applications will be accepted on a first-come, first-serve basis. You will receive a confirmation email after your completed application has been received. Because of the structure of this program and because spots are limited, we ask that you apply only if you know you can attend the majority of the lessons in this eight-week program (6 out of 8 classes at least).

Parent/Guardian Signature

Date