



# FOCUS THERAPY SERVICES, INC.



**Mailing Address**  
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Fax# 252-672-8677

**Main Office**  
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New Bern, NC 28560  
T# (252)672-8676

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14180 NC Hwy 55  
Bayboro, NC 28515  
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**Morehead City Office**  
5242 US Hwy 70 W  
Morehead City, NC 28557  
T# (252)222-3343

[www.focustherapy.org](http://www.focustherapy.org)

## Music and Movement Registration Form

Please fill out this form and return to Focus Therapy Services, Inc., 3310-A Neuse Blvd., New Bern, NC 28560. Make Checks payable to Focus Therapy Services, Inc., and mail to PO Box 12192, New Bern, NC 28561.

Name of Child:		
Age:	Date of Birth:	
Diagnosis:		
Other Medical Considerations:		
Address:		
City:	State:	Zip:
Home Phone #:	Cell Phone #:	
Emergency Contact Name:	Emergency Contact #:	
E-mail Address:		
Personal Musical Interests of Child:		
Class Location (select one):    ___ New Bern                    ___ Morehead City		

Classes are comprised of 10 consecutive week sessions. Classes are held throughout the year at both our New Bern and Morehead City locations. Morehead City sessions are held Wednesdays from 3:30 to 4:00 for severely impaired children who need one to one hand over hand assistance and 4:00pm to 5:00pm Standard Music and New Bern sessions are held Thursdays from 4:00pm to 5:00pm. Payment is requested in advance for the 10 session class, although any session can be attended during the 10 week period and paid for at the time of the session if space is available. (New Bern Office only) Morehead City there is no charge for either class.

We encourage mentors and/or one family member to attend (without charge!) if the child needs hand-over-hand assistance to perform activities.

### **Parent/Guardian Consent:**

I give permission for my child to attend the Music and Movement program. I am aware that there is a cost of \$6.00 per each session. If the student cannot attend a particular session, please notify Focus Therapy Services, Inc. at least 24-hours in advance. Fees are non-refundable. Donations of funding, music materials or movement props are gladly accepted.

I hereby release Focus Therapy Services, Inc., and the Music and Movement facilitators, from any and all liability connected with my child's participation in these Therapeutic Music Classes. I acknowledge that my child is participating in these activities of their own free will and I assume all risk in connection thereto.

\_\_\_\_\_  
(Patient or Patient's Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Parent or Legal Representative)

\_\_\_\_\_  
(Relationship to Child)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Legal Representative)

\_\_\_\_\_  
(Date)