Under The Banyan Tree Centre 榕樹下 訓練中心	**Application Form**	Date:
		Prepared by:

Program:

	Music Program

Part A: Personal Information

Applicant's Name:	FIRST MIDDLE LAST		
Age:		Gender:	**M / F**
Address:	*Street:* _____ *Apt/Unit #:*_____ *City:* _____ *Prov.:* _____ *Postal Code:* _____		
Telephone No.:	*Home:*	*Cellular:*	*Business:*
First Language:		**Second Language (if applicable):**	

Part B: Family Background

Name of Father:	
Name of Mother:	
Name of Guardian *(if applicable)***:**	

Person completing form:			
Please indicate your relationship to the child:	Biological Mother	Biological Father	Other
If "Other", specify:			

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Presently residing (circle one):	Home with Parents	Group Home Residence	Assisted Living Residence
If Group home residence/ Assisted Living Residence: Name of Service Provider: _____ Phone Number: _____ Contact Person: _____			

Language used at home:	English	Cantonese	Mandarin	Other:_____
Please list out all the family members living in the same residence:				
Primary caretaker of the applicant:				

Part C: Medical Information

Health Card #:			**Copy Attached**
Family Physician:			
Address:			
Phone:			
Any Specialist:			
Diagnosis:			
Age when diagnosed:			

Please check any applicable condition listed below and describe in details:

	Medication	
	Allergies	
	Seizure	
	Hearing aids	
	Glasses	
	Frequent headaches	

	Any equipment or assistive devices	
	Other	

Part D: f Development History and Current Concern

Main concern:

	Social & Communication Skills	
	Language delay	
	Cognitive delay	
	Behaviour	
	Motor skills/Mobility	
	Sensory Sensitivities (Sound and light)	
	Adaptivity to new routines/transitions	
	Musical Preferences	
	Others	

Part E: Other Services

Please mark and describe what other services your child is and/had received:

	Psychology Services	
	Psychiatry Services	
	Occupational Therapy	
	Speech Language Therapy	
	Behavioral Services	
	Music Therapy	
	Others:	

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Part F: Emergency Contact Information

Primary Contact:			
Daytime Phone#:		**Cell Phone#:**	
Email Address:			
Primary Language:	English / Cantonese / Mandarin / Other:_____		

Secondary Contact:			
Daytime Phone#:		**Cell Phone#:**	
Email Address:			
Primary Language:	English / Cantonese / Mandarin / Other:_____		

Under the Banyan Tree Centre reserves the right to cancel the Music Program due to unforeseen circumstances.

Under the Banyan Tree Centre reserves the right to remove any participant from the Music Program if his or her behaviour is disruptive and/or violent to other participants.

Under the Banyan Tree Centre reserves the right to terminate a participant if he/she missed two consecutive sessions.

Name (in print): _____

Signature:_____

Date:_____