"MUSIC FOR YOU"

APPLICATION FORM

To apply, please complete and
1) Email: info@soundingjoymt.org,
2) Fax: (808) 593-2620, or
3) Send to: Sounding Joy Music Therapy, Inc.
1314 S. King St., #711
Honolulu, HI 96814

Applicant's Name: _____ _____ _____
First Middle Last

Date of Birth: _____ **School**: _____ **SpEd?**:_____
Mo / Day / Year Name of School attending Yes/No

Profession / Work?:_____ **Military Family?**:_____
Yes/No

Any disabilities / diagnosis?: _____
(Optional)

Applicant's address: _____
Street, Apt / Suite#

_____ _____ _____
City State + Zip Email

Applicant's phone: _____ _____ _____
Home Cell Work

Applicant's guardian: _____ _____ _____
(If under 18) First Middle Last

Referral by: _____ _____
Name / Relation to the Applicant Phone #

Please check which class you apply for:

____ Piano, ____ Harp, ____ Guitar, ____ Ukulele, ____ Percussion, ____ Voice

What is your level of experience?:

____ Beginner, ____ Little Experience, ____ Medium Experience, ____ Much Experience

Please indicate your first 3 choices of lesson dates & times:

1st:_____ _____ **2nd**:_____ _____ **3rd**:_____ _____
Day Time Day Time Day Time

**For inquiries and information, please call Yoshimi Otake, Program Assistant, at (808) 593-2620, or email to:info@soundingjoymt.org.* *Your information is kept absolutely confidential.*

All applicants are subject to personal interview before admitted to the class.