



Individual Student Information Form

Please return this completed packet to Spectrum Creative Arts at **least one week prior** to your preferred start date.

A hard copy OR digital copy of this completed packet must be returned before a start date for services can be determined.

Student name: _____

Gender: _____ Date of birth: _____

Address: _____

Primary phone: _____ Secondary Phone: _____

Email: _____

How did you hear about us? _____

If referred, when and by whom? _____

Have you received services from Spectrum Creative Arts in the past?

- Yes
- No

Would you like to sign up for our newsletter?

- Yes, please!
- No, thank you!

Would you like to receive notifications via text message for cancellations due to weather?

- Yes, please!
- No, thank you!

Initials _____ Date _____

Primary Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Secondary Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Who should we contact for questions about:

Billing

Primary contact Secondary Contact Other _____

Transportation

Primary Contact Secondary Contact Other _____

Cancellations/Emergencies

Primary Contact Secondary Contact Other _____

Initials _____ Date _____

Billing Information

How will you pay for services?

- Private pay
- Third-party reimbursement***
- Gift card
- Other

*** If you selected **other** or **third party**, please provide contact information here:

Agency/Organization: _____

Contact Name: _____ Contact Title: _____

Phone: _____ Email: _____

Address: _____

***If you selected third party please complete the **Third Party Reimbursement** form in addition to this packet.

Initials _____ Date _____

Description of Services

Spectrum Creative Arts LLC agrees to provide ongoing individual services in:

- Music Instruction
- Music Therapy
- Art Instruction
- Art Therapy
- Dance Instruction
- Other _____

Services will occur:

- Weekly
- Bi-monthly
- monthly
- other _____

For the duration of:

- 30 minutes
- 45 minutes
- 60 minutes
- other _____

Start Date

Individual sessions will begin as of _____ and continue until Spectrum Creative Arts or student chooses to discontinue the contract.

Teacher/Therapist Info

Your teacher/therapist is _____

You can reach them at (585) 383 - 1999 or _____

Location of Services

- Spectrum Creative Arts
3300 Monroe Avenue
Rochester, NY 14618
- Community Location ***

*** Services that take place outside of Spectrum Creative Arts will incur a roundtrip mileage fee per mile at the current IRS rate from Spectrum Creative Arts. Confidential Student Information

Confidential Client Information

Please note: This information will remain confidential. If you have any questions or concerns regarding the information you are submitting, please feel free to contact your primary therapist or instructor.

All new clients, please complete the following fields as thoroughly as possible.

Diagnosis, if any: _____

Allergies, if any: _____

Medications, if any: _____

Are there behavioral needs (past or present) that we should be aware of?

Clients seeking therapy services only please complete the following fields.

Reasons for seeking therapeutic services: _____

Which areas, if any, would you like to address in therapy? Feel free to describe in as much or as little detail as you wish. _____

Initials _____ Date _____

Observation Consent

I, the undersigned, do hereby grant permission to Spectrum Creative Arts, LLC to allow music therapy or art therapy students and/or interns to observe my therapy session(s). These observation opportunities are in place strictly for educational purposes to provide students/interns with firsthand knowledge of therapy in application and practice. All information obtained during the observation will remain confidential, and will not be shared or discussed in any form outside of the therapy room.

Please indicate the level of permission you would like to grant for the allowance of student observers in your sessions:

- Unlimited Consent:** I understand that observations are in place strictly for educational purposes, and grant unrestricted permission for students or interns to observe my sessions. I do not need to be notified prior to each observation. I do understand that any information obtained during my session will not be shared outside the therapy room.
- Limited Consent:** I grant permission for students or interns to observe my session, but request to be asked *prior to* **each** observation session, with the understanding that I may not be comfortable on some occasions.
- Decline:** I decline permission for students or interns to observe any of my sessions.

Initials _____ Date _____

Media Release

I, the undersigned, do hereby grant permission to Spectrum Creative Arts, LLC to post my own/or my child's/my client's story, photo, or other item, hereinafter referred to as "Materials" to be used as indicated below. Such use could include, but is not limited to, marketing, community building, education and professional development, and staff training.

Spectrum Creative Arts, LLC also utilizes several social media platforms such as Facebook, Twitter, LinkedIn, YouTube, Google+, Instagram, and Pinterest. These applications help us build relationships with members of our community as well as help us spread the word about our company and services.

Please indicate the level of permission you would like to grant for the use of your own/your child's/your client's materials.

- Unrestricted Usage:** I give unrestricted permission for my own/my child's/my client's materials to be in any print, video, and digital media. I understand that these materials may be used for a variety of purposes and that these images may be used without further notifying me. I do understand that my own/my child's/my client's last name will not be used in conjunction with any of these materials.
- Limited Usage:** I give permission for my own/my child's/my client's materials to be used for professional development and staff education ONLY. I do not wish to have my own/my child's/my client's materials to be used online or for marketing purposes.
- No Usage:** I deny permission to use my own/my child's/my client's materials at all.

General Release

Release: I, and any additional signatories to this document, hereby expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against Spectrum, and its officers, directors, members, managers, employees, agents, affiliates, successors, and assigns (collectively, "Releasees"), arising out of or attributable to your participation in the services wherever delivered, whether as a result of your own acts or omissions, or the negligence of Spectrum or any Releasees, or otherwise. You covenant not to make or bring any such claim against Spectrum or any other Releasee, and forever release and discharge Spectrum and all other Releasees from liability under such claims.

Indemnity: I, and any additional signatories to this document, shall jointly and severally defend, indemnify and hold Spectrum and any other Releasees harmless to the fullest extent permitted by the law from and against any and all actual losses, deficiencies, costs, damages, expenses, settlements, and liabilities (including reasonable attorneys' fees and costs of defense and/or settlement) incurred in an action or other claim, whether direct or indirect, for bodily injury (including death), property damage or destruction to the extent caused by your acts or omissions with respect to your participation in any service, including but not limited to, any of your negligent acts, errors or omissions, or willful misconduct.

Accepted and Agreed to:

Date

Signature of Parent/Legal Guardian
(if Student is under 18 years)

Date