

BERKSHIRE HILLS MUSIC ACADEMY

"Meeting Educational Objectives Through Music"

SUMMER MUSIC THERAPY PROGRAM APPLICATION

Name: _____ Nickname? _____ Date of birth _____

Name of parent(s)/ guardian(s) _____

Address of parent(s)/ guardian(s) _____

City, state, zip _____

Phone (____) _____ work phone (____) _____ email _____

Please give examples of applicant's previous sleep-away experiences and social activities:

Favorite activities?

Usual bedtime? _____ Usual waking time? _____

Are there any specific precautions or requirements regarding food that B.H.M.A. should be aware of?

Is the applicant currently receiving treatment from a health/mental-health professional? Please describe the applicant's special health needs:

Does the applicant exhibit anxiety, noncompliance, obsessive-compulsive behaviors, or other behaviors that require management? Please describe, and indicate management strategies that have been effective.

Has the applicant had music instruction? ____ If so, in what capacity?

Describe the applicant's experiences with music _____

Which instrument(s) would the applicant like to explore with our instructors: (List in order of preference)

voice____ keyboard/piano____ percussion/drums____ guitar____
wind/brass (which instrument?) _____ Other (which?)_____

Does applicant plan to bring own instrument? ____ What type?_____

Please list the following activities in order of preference:

movement ____ swimming ____ art ____ nature exploration ____ fitness ____
other (please explain): _____

*Participants in the Berkshire Hills Music Academy summer program will need skills in the areas of social interaction, communication, and personal management. Parents/guardians are asked to certify that the applicant has skills in these areas sufficient to function in new environments. Applicants are also required to submit **two (2) personal references from people who have known them in a formal capacity, such as music instructors, teachers, coaches, health professionals, or clergy.***

I believe this applicant has the social, communication, and personal management skills to be successful in the Berkshire Hills Music Academy Summer Music Therapy Program. I understand that any participants who exhibit behavioral problems that pose a danger to other participants, staff, facilities, or equipment, or cause a serious disruption to the summer program, will be asked to leave and will forfeit tuition.

Signature of parent/guardian_____ Date_____

SEND TO: Berkshire Hills Music Academy Summer Program Director
48 Woodbridge Street South Hadley, MA 01075

FOR MORE INFORMATION: Kensity Batchelder
telephone:(413)540- 9720 x229 e-mail: kbatchelder@berkshirehills.org

Notice of nondiscrimination policy as to students

Berkshire Hills Music Academy admits students of any race, color, sex, religion, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, religion, and national or ethnic origin in the administration of its educational policies, admission policies, and other school administered programs

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Personal reference

Name of applicant _____
Your name _____ Workplace _____
Your title or position _____ Your phone number _____
Your relationship to applicant _____
How long have you known applicant? _____

The Summer Music Therapy Program at Berkshire Hills Music Academy is designed to be fun and enriching, but may be demanding both physically and emotionally for some children. Your candid answers to questions below will help us assess this applicant’s preparedness for this experience.

Please return this completed form directly to: *Kensy Batchelder, MT-BC*
Berkshire Hills Music Academy
48 Woodbridge Street
South Hadley, MA 01075

1. How does this individual function in a group? How does he or she interact with peers?

2. How does this individual express his or her wants and needs? How well does the individual deal with routines?

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