

MELINDA'S MUSIC THERAPY –WARWICK, N.Y. **FALL 2009**  
Need directions to Music Therapy at Warwick Reformed Church?

visit: [www.melindasmusic.com](http://www.melindasmusic.com)

MELINDA's MUSIC is pleased to present our clients with the opportunity to experience the process of MUSIC THERAPY. Music Therapy is the use of music, within a developing relationship between therapist and client, as a vehicle to assist with self-esteem, socialization skills, speech, motor skills and more. A person who participates in a music therapy session need not have any previous musical experience or talent.

MELINDA's MUSIC utilizes community members who act as 1-1 volunteers with each child. These volunteers (mostly teenagers) are interested in pursuing a vocation in a related field. \*Because these volunteers offer to share their spare time with your child, we ask that parents/caregivers PLEASE INFORM US AHEAD OF TIME IF THEIR CHILD IS TO BE ABSENT. The volunteers are often very busy with school, work, etc. Need More Information? contact Melinda Burgard, M.A.,CMT, LCAT at: 845-477-0451 or E-mail: [Melindasmusic@cs.com](mailto:Melindasmusic@cs.com) / Become a fan of "Melinda's Music" on Facebook

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MUSIC THERAPY GROUP (lead by Melinda M. Burgard, M.A., LCAT, CMT):  
Mondays at 4:30pm – 5:15pm 9/14/09– 11/16/09 ages 4 – 9 yrs (developmentally)  
Please note: (NO GROUP on 9/28 or 10/12)

Please Note: Registration is on a first come, first served basis. Group size is LIMITED.

**Attn: NEW CLIENTS! IF this is your first time, before you send in this form, please call Melinda to insure this is the appropriate group for your child\* (477-0451)**

Tuition (8 wks): \$184\* (plus 1 time reg. fee of \$35 for new clients/incl.CD!)= \$219  
Make checks to: Melinda M. Burgard, PO Box 245, Greenwood Lake, NY 10925  
Payment is due BEFORE session begins. There will be no refunds once class is in session. There is a \$35 service fee for checks that do not clear. Class size is limited.

**\*DEDUCT \$5 (ONLY) IF FULL PAYMENT IS RECEIVED BY 8/17/09\***

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MELINDA'S MUSIC THERAPY                      WARWICK                      MON                      F09  
Parent/Caregiver \_\_\_\_\_ Phone# \_\_\_\_\_  
Address/City/State/zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Child's Name(1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Diagnosis \_\_\_\_\_ Any behaviors I should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
Child's Favorite Songs/Musical Activities \_\_\_\_\_  
What goal do you see for your child in this group? \_\_\_\_\_  
Class time \_\_\_\_\_ Fee enclosed: \_\_\_\_\_

Please Note: PARENTS/CAREGIVERS MUST STAY on premises during sessions  
\*\*Please SEND bottom of THIS FILLED-OUT FORM WITH YOUR PAYMENT \*\*