



www.royaltonmusic.com
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Service Confirmation
 (please complete & return at your first session)

This is to confirm the following individual(s) will receive Music Therapy services from Royalton Music Center. We urge you to read over the information on the policy sheet concerning attendance and payment. We look forward to serving you with quality Music Therapy services.

Client Name: _____

Parent/Guardian: _____

Will receive Music Therapy services from: _____ **Therapist:** _____

Day: _____ **Time:** _____ **In-Person or Virtual (circle one)**
Location: _____

Payment/Fees:

Funding Source (If applicable): _____

Length of session: 30 min 45min 60 min 120 min

Monthly Session Fee: \$ _____

Monthly Funding: \$ _____

Payment due monthly from client: \$ _____

I have read and understand the Royalton Music Center’s rules and regulations in regards to attendance and payment of services outlined on the policy sheet. By signing, I accept the responsibility for payment of all charges on this account, including any mutually agreed upon changes to the registration information above. I further authorize RMC to take photographs of the client to use for marketing purposes.

Signature of responsible party & Date

Music Therapist-Board Certified & Date

Please Note: Your signature indicates continued authorization of the services noted above. This document acts as a legal contract between parties; holding placement for the given individual and indicating the signer as responsible party for payment, unless otherwise noted. This policy applies to all clients, even if a signed acknowledgement is not returned, and supersedes any previous policies and/or contracts.

By signing, I authorize RMC to charge my credit card on the 1st of each month.

Credit Card Number _____ **Exp:** _____

Signature of Cardholder _____ **Date:** _____