



Initial Sprouting Melodies Participant Information

Grownup _____ Child _____

Address _____

Phone: Home _____ Cell _____ Email _____

Payment Information _____

Date of Birth _____ Sprouting Melodies Class _____

Date of Initial session _____

Family Sprouts: Siblings attending _____

Child's Musical Development Level: Awareness Trust Independence Control Responsibility

Child indicates developmentally appropriate acceptance of/participation with Sprouting Melodies Provider

Not at all Intermittently Sometimes Often Consistently

Child indicates developmentally appropriate acceptance of/participation in group environment

Not at all Intermittently Sometimes Often Consistently

Child indicates developmentally appropriate acceptance of/participation in music experiences

Not at all Intermittently Sometimes Often Consistently

Grownup joins in group experiences

Not at all Intermittently Sometimes Often Consistently

Grownup shows willingness to participate through singing

Not at all Intermittently Sometimes Often Consistently

Grownup shows willingness to participate through instrument play

Not at all Intermittently Sometimes Often Consistently

Grownup shows willingness to participate through musical movement

Not at all Intermittently Sometimes Often Consistently

Grownup attends to child

Not at all Intermittently Sometimes Often Consistently

Sprouting Melodies Provider™ _____