



ROCK AUTISM: GarageBand & iMovie Registration

AT People Inc. Arts Experience - 2635 Delaware Ave. Buffalo, NY

Student Name

First Name Last Name

Parent Name

First Name Last Name

Email

example@example.com

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Student School or Autism Service Center

Has the student attended a Rock Autism Workshop in the past?

YES

NO

If so, which?

Does your child have an official autism diagnosis?

YES

NO

Does your child have any food allergies?

YES

NO

If so, please explain

Does your child have any cognitive/behavioral issues or triggers we should be aware of? (All information is confidential)

How did you hear about our workshops?

Rock Autism website

Facebook/social media

From an autism

Other

Please explain 'Other'

Does the student have experience playing or recording music?