

MUSIC MAKERS!!

Music Groups offered by



Autism Center of Pittsburgh

Parent Name: _____

Child's name: _____ Child's DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Child's interests: _____

Is your child verbal? _____

Helpful information for the therapists: _____

Please return with \$150 check made to: Community Alternatives
c/o The Autism Center of Pittsburgh
135 Cumberland Rd.
Pittsburgh, PA 15090

