



# Art Therapy Program

In partnership with Columbus Recreation and Parks

## Spring 2008 Class Registration Form

(Registration Deadline: April 19, 2008)

Child's Name: \_\_\_\_\_ Sibling's Name: \_\_\_\_\_  
(If applicable)

Age: \_\_\_\_\_ Age: \_\_\_\_\_

Accommodations needed to help my child participate more independently:

\_\_\_\_\_ lay on the floor during the activities \_\_\_\_\_ assistive equipment to hold writing/art instruments

Please check all classes that your child(ren) would like to attend:

\_\_\_\_\_ Saturday, April 26, 2008 \_\_\_\_\_ Saturday, May 10, 2008

\_\_\_\_\_ Saturday, May 3, 2008 \_\_\_\_\_ Saturday, May 17, 2008

Class times vary by age group and are 10:00 - 11:00  
11:15 - 12:15  
12:30 - 1:30 (optional third session, depending on demand)

For safety purposes, location information and assigned class time will be given to parents after registration.

Class Confirmation phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_ I have previously registered my child(ren) in the Kya's Crusade Art Therapy Program.

Would you like to be contacted about available spaces in future Kya's Crusade Art Therapy classes?

\_\_\_\_ Yes, please notify me about future classes by \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Mail

\_\_\_\_ No, thank you.

\_\_\_\_\_  
**Parent's Name** **Date** **Signature** **Date**

Date received by Kya's Crusade: \_\_\_\_\_