



Art Therapy Program
In partnership with Columbus Recreation and Parks

Summer 2008 Class Registration Form
 (Registration Deadline: July 5, 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, July 12, 2008 _____ Saturday, July 26, 2008
 _____ Saturday, July 19, 2008 _____ Saturday, August 2, 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: _____