

Art Therapy Program Registration Form

[Http://www.kyaskrusade.org](http://www.kyaskrusade.org)

Spring 2018 Art Therapy Program

Child's Name: _____ Sibling's Name: _____

Age: _____

Age: _____

Accommodations needed to help my child participate more independently:

Lay on the floor during the activities
instruments

Assistive equipment to hold writing/art
instruments

Location: Schiller Recreation Center (1069 Jaeger Street ☞ Columbus, OH 43206)

Spring Series I

(Registration Deadline: March 31st)

- Saturday, April 7, 2018
- Saturday, April 14, 2018
- Saturday, April 21, 2018

Preferred Class Time:

- 10:00 - 11:00 am
- 11:00 - 12:00 am

Spring Series II: Multi-Module Workshop

(Registration Deadline: May 5th)

Saturday, May 12, 2018

11:00 am – 1:30 pm

Class Confirmation: Phone number: _____ E-mail address: _____

Facebook: _____

Preferred method(s) of contact: E-mail Phone (call) Phone (text) Facebook

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

_____ Yes

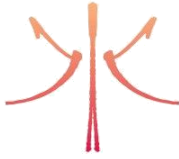
_____ No, thank you

Parent's Name

Date

Signature

Date



Art Therapy Program Registration Form

[Http://www.kyaskrusade.org](http://www.kyaskrusade.org)

Date _____

_____ First Time Registration _____ Renewal Registration

Child's Information

Name _____ Birth date _____ Age _____

Disability _____ Age at Diagnosis _____

Food Allergies _____

Non-food Allergies _____

Special Considerations: _____

Sibling's Information (Siblings ages 12 and older are encouraged to volunteer as program assistants!)

Class sizes are limited. One sibling may attend and participate in the class with the registered child, if space is available.

Name _____ Birth date _____ Age _____

Food Allergies _____

Non-food Allergies _____

Parent/Legal Guardian's Information

Name(s) _____

Address _____

E-mail Address _____

Day Phone Number _____

Evening Phone Number _____

Emergency Contact Information

Name _____

Relationship to Child _____

Phone Number _____

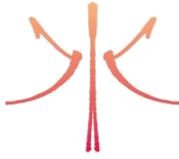
Alternative Phone Number _____

Type: _____ cell _____ home _____ work

Type: _____ cell _____ home _____ work

Parent's Name Date

Signature Date



Art Therapy Program Registration Form

[Http://www.kyaskrusade.org](http://www.kyaskrusade.org)

Parental Consent to Participate and Release from Liability

I, the undersigned, am the parent or legal guardian of _____.
(Child/children's name(s))

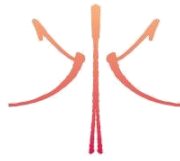
- I hereby give my permission for the registered child/children _____ ((name(s))) to participate in the activities conducted during the Art Therapy Classes offered by the Kya's Krusade Art Therapy Program.
- I certify that I have thoroughly reviewed this form and that all information provided is accurate and complete, including the allergy and special considerations sections.
- I grant permission for Kya's Krusade to provide my child with beverages, snacks and/or lunch within the guidelines of the food allergies that I disclosed on the registration form. Kya's Krusade will take reasonable care to ensure that all consumable items provided will comply with freshness, cleanliness, safety and the children's well being in mind. As such, I release Kya's Krusade, its volunteers, associates and contracted employees from any and all liability related to any allergic reactions or illness related to the consumption of such beverages, snacks and/or lunch.
- I understand that Kya's Krusade, its associates, volunteers and contracted employees are not liable for any claims, judgments or damages of any kind or nature for any undue harm or injury incurred by my child/children during the Art Therapy classes or any related activities during, prior to or following the classes.

Parent's Name

Date

Signature

Date



Art Therapy Program Registration Form

[Http://www.kyaskrusade.org](http://www.kyaskrusade.org)

Kya's Krusade Photographic and Art Image Release

For your child's protection: Kya's Krusade will not use the submitted image(s) and/or text for purposes other than on-line display, organization and/or program marketing and promotion unless an additional waiver granting permission for the specified alternative use has been obtained. Kya's Krusade will not sell, transfer or authorize their use to any third parties.

- As the parent/legal guardian of _____ (child/children's name(s)), I give permission for Kya's Krusade to utilize images of my child and/or my child/children's art for marketing and fundraising purposes. I understand that this may include their display on the Kya's Krusade Website, <http://www.kyaskrusade.org>; Kya's Krusade Facebook Pages; in brochures and other marketing materials; in art-related products designed for fundraising purposes and displays used to promote Kya's Krusade and/or the Kya's Krusade Art Therapy Program.

- I understand that these images and/or text may remain, be removed or be moved to various locations on the website, <http://www.kyaskrusade.org>, or other aforementioned forms of promotion indefinitely, at the discretion of Kya's Krusade Administrators.

- I relinquish all rights and interests of the photographs, art work and related text to Kya's Krusade and my ability to make claims on any proceeds or benefits derived from the use of the image(s) and related content.

- I certify that I have accurately disclosed my relationship to the subject(s) and or creators of the image(s) and/or text. I am legally authorized to grant such permission.

- Furthermore, I understand that Kya's Krusade is not liable for unauthorized uses of these images or related text by third parties, not affiliated with Kya's Krusade or its subsidiaries, who obtain the images and/or text from the website or other products for which these images are used.

Parent's Name

Date

Signature

Date



Art Therapy Program Registration Form

[Http://www.kyaskrusade.org](http://www.kyaskrusade.org)

Additional Information (Optional, for statistical use only)

This part of the form is optional and will only be used for Kya’s Krusade statistical, reporting and general marketing purposes. No specific identifying information about your child will be disclosed or shared with any third parties. This section will be maintained separately from the rest of the form. **The completion and content of this section will not impact your child’s ability to participate in the Kya’s Krusade Art Therapy Program.**

Child’s gender _____ Child’s Age _____

Is your child’s condition congenital? Yes No

If no, at what age was your child diagnosed? _____

Primary Health Care Coverage (check all that apply):

Insurance Medicaid Other (please specify): _____

Types of Therapy in which the child is engaged: _____

Frequency of therapy sessions attended _____ times per _____ week _____ month _____ year

Number of Family Members _____ Family Members contributing to Household Income _____

Annual Household Income:

less than \$25,000 \$25,000 - \$40,000 \$40,000-\$60,000 \$60,000 – \$90,000 \$90,000 +

Date received by Kya’s Krusade: _____