



Art Therapy Program Registration Form

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

Fall I 2012 Art Therapy Program Class Registration Form

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

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

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

Fall I 2012 Series (Registration deadline: **September 8th**)

- Saturday, September 15, 2012
- Saturday, September 22, 2012
- Saturday, September 29, 2012
- Saturday, October 6, 2012

Class times are assigned typically assigned by age group, but may vary, please state if you have a preference:

- 11:00 - 12:00
- 12:15 - 1:15

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

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

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

____ No, thank you.

Parent's Name **Date** **Signature** **Date**