



# Art Therapy Program Registration Form

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

## Fall II 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 II 2012 Series (Registration deadline: **October 13<sup>th</sup>**)

- Saturday, October 20, 2012
- Saturday, October 27, 2012
- Saturday, November 3, 2012
- Saturday, November 10, 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
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