



## Art Therapy Program Registration Form

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

### Spring 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)

**Spring 2012 Series** (Registration deadline: **April 7<sup>th</sup>**)

Saturday, April 14, 2012

Saturday, April 21, 2012

Saturday, April 28, 2012

Saturday, May 5, 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