



Art Therapy Program Registration Form

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

Winter 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)

Winter 2011 Series (Registration deadline: **March 3rd**)

Saturday, March 10, 2012

Saturday, March 17, 2012

Saturday, March 24, 2012

Saturday, March 31, 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