



Art Therapy Program
In partnership with Columbus Recreation and Parks

Summer 2009 Class Registration Form
(Registration Deadline: July 25, 2009)

Child's Name: _____ Sibling's Name: _____
(If applicable)

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

Please check all classes that your child(ren) would like to attend:

_____ Saturday, August 1, 2009 _____ Saturday, August 15, 2009

_____ Saturday, August 8, 2009 _____ Saturday, August 22, 2009

Class times are assigned by age group: 10:00 - 11:00 (Ages 4 – 9)
11:15 - 12:15 (Ages 10 +)
12:30 – 1:30 (optional third session, depending on demand)

Location: **TBA**

Class Confirmation phone number: _____

E-mail address: _____

_____ I have previously registered my child(ren) in the Kya's Crusade Art Therapy Program.

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

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

____ No, thank you.

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

Date received by Kya's Crusade: _____