

Art Therapy Workshop for People with Autism Application

Participant Name:		DOB:	Age:	Grade:
Name(s) of Parent(s)/Caregiver(s):				
Address:		City:	State:	Zip:
Home Phone:		Cell Phone:	Email:	
<p>Registration fee: \$20 for 4 classes on March 11, April 8, May 13 & June 10 <input type="checkbox"/> 6 to 13 years old (11:30 – 12:30) <input type="checkbox"/> Ages 13 and up (1:00 – 2:30)</p> <p>Please mail application and registration fee to Merchant Street Art Gallery 356 E. Merchant St Kankakee, IL 60901</p> <p>Questions? ahussey@my.adler.edu or 815-214-9135</p>				
Application and payment by check or cash also accepted at the Merchant Street Art Gallery				
<i>Please complete the following sections and provide as much detail as possible. This information will help us create a successful experience for you or your child. If you child has participated in one of these sessions previously, you may skip questions 1 to 4 unless a change has taken place that we need to know about.</i>				
.				
ALLERGIES (list below): <input type="checkbox"/> No known allergies				
PARENT OR GUARDIAN PLEASE FILL OUT THE FOLLOWING INFORMATION.				
1. Does your child display any specific behaviors that we should be aware of and if so is there anything you can bring along to help your child better transition into the art therapy session (example: favorite toy, book, photograph, a snack)?				
2. Is your child likely to walk away on their own if uncomfortable or unfamiliar with a new place/situation?				
3. Is there any other information that you feel it is important for the staff to know before working with your child? Any physical/communication or sensory limitations?				
4. What qualities will we love about your child(or you)?				

Art Therapy Workshop for People with Autism & Others! PERMISSION TO PHOTOGRAPH

Participant:	DOB:
<p>Thank you for your interest in Art Therapy for People with Autism & Others!. We are excited to provide this art experience designed for people with autism spectrum disorders and to provide the support needed to be successful.</p> <p>To ensure a productive and enjoyable experience for both students and educators, we are adopting an OPEN PICTURES POLICY. Individuals attending this art class may have their pictures taken throughout their stay. Please be advised that photos may be used for program development and marketing purposes, including but not limited to newspaper articles, television promotion, brochures, social media (Facebook, etc.) and our funder's marketing vehicles.</p> <p>Our funders frequently request photos to share in their Annual Reports, Board Meeting Materials, Website and Facebook.</p>	
Signature of parent/guardian:	Date:
Printed name of parent/guardian:	
Signature of adult participant:	Date:

SAFETY POICY for Parent/Guardian

Participant:	DOB:
<p>The volunteers assisting with the Art Therapy Workshop for People with Autism & Others! are here to provide a supportive and safe environment that will assist your child in their creative journey. Due to the fact our volunteers are not trained in autism, there might be a rare occasion where we will call for the parent/guardian to assist. If the physical safety of the child, other participants, and/or volunteers is at risk, you will be notified to pick up your child. It is imperative a parent/guardian remain in the Art Gallery in order for you to be available at all times.</p>	
Signature of parent/guardian:	Date:
Printed name of parent/guardian:	