



Healing, growing and learning through creative expression

Art of Friendship Enrollment Form

Child's Name: _____ Age: _____

__ M __F Date of Birth: _____ Grade in school _____

Parent and/or Caretakers Name(s):

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone Number: _____

Background Information:

1) Please indicate your child's special needs or diagnosis (check all that apply)

___ADD/ADHD ___Asperger's ___Pervasive Developmental Delay

___Autism ___Learning Disabilities ___Obsessive Compulsive Disorder

___Sensory Integration Disorder ___Tourette's Syndrome

___Other: _____

Comments: _____

2) What are the main issues and obstacles that your child is having this year?

3) Please list your child's strengths:

• _____

• _____

• _____

• _____

Colors of Play

Healing, growing and learning through creative expression

4) What other activities does your child participate in?

5) What additional information would be helpful to know about your child?

Please return this form to:

Pamela Ullmann, ATR-BC, LCAT
765 Westwood Avenue
River Vale, NJ 07675
OR FAX TO: 208-330-3444