

# Art Therapy Adult Group Enrollment Form

Full Name

Date of Birth

Phone Number

Email Address

Home Address

Emergency Contact Name & Relationship

Emergency Contact Phone Number

Relevant Health Information (physical/mental health, allergies, etc.)

What are your goals or hopes for joining this art therapy group?

Previous Experience With Art Therapy (if any)

Availability (days/times suitable for you)

Is there anything else you would like us to know?