FREE 7-Week Spring Groups Open to the Community

March 4th – April 17th

Mondays	Tuesdays	Wednesdays
3:00-4:00pm	**3:00-4:00pm**	**3:00-4:00pm**
Creative Arts **6yrs-11yrs** Increase self-expression and self-confidence through activities such as painting, collage, mask-making, and more!	**Music & Movement** **6yrs-11yrs** Develop social skills and calming strategies through activities including drum circle, yoga, and musical games!	**"Game On!"** **6yrs-11yrs** Practice cooperative play, team work, and communication through group games with peers.
4:15-5:15pm	**5:30-6:30pm**	**4:15-5:15pm**
Creative Arts **13yrs-17yrs** Increase self-expression and self-confidence through activities such as painting, collage, mask-making, and more!	**Mindfulness** **18+ yrs** Increase relaxation and focus though meditation, journaling, deep-breathing, and body postures.	**"Me Through the Lens"** **13yrs-17yrs** Engage in self-exploration and self-expression through photography and group discussion on various topics related to teen life.

TO SIGN UP FOR A GROUP, PLEASE:

1. **Complete the information below.**
2. **Circle the weekly group the participant will attend.**
3. **Give completed form to the front desk.**

Participant Name:____Age:_________ Phone:________________

If under 18 yrs old, name of participant's Parent/Guardian: ____

Signature of Parent/Guardian:__________________________ Parent/Guardian Language:________________

Is the participant a client at Child & Family Center?___Yes ___No If yes, name of Therapist:____________________

IF THE PARTICIPANT IS NOT A CLIENT AT CHILD & FAMILY CENTER, PLEASE COMPLETE THE REVERSE SIDE

Address: ____

If participant is under 18; please provide custody information:______________________________________

DOB: ___________GENDER: _____ ETHNICITY:____________________ Is English your preferred Language: ☐ Yes ☐ No

Physically challenged (wheelchair, hearing, visual, etc.)? ☐ Yes ☐ No If yes, please specify: ________________________

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1. Has participant ever been in therapy? ☐ Yes, Currently ☐ Yes, Previously ☐ No

(How long, with whom, reason for treatment, medication, etc.?)

2. Has participant ever been hospitalized for being a danger to him/herself or others? ☐ Yes ☐ No

If yes, describe:

3. Is participant taking psychotropic medication(s)? ☐ Yes ☐ No

If yes, describe:

4. Is participant having difficulty in any of the following areas: Anger, eating, sleeping, hygiene? ☐ Yes ☐ No

If yes, describe:

5. Have there been any recent changes in participant's behavior? ☐ Yes ☐ No

If yes, describe:

6. Has the participant ever attempted to hurt themselves or others? ☐ Yes ☐ No

If yes, describe:

7. Has the participant experienced any recent traumatic events (abuse, violence, , etc.)? ☐ Yes ☐ No

If yes, describe:

8. Is there any current or past involvement with DCFS? ☐ Yes ☐ No

If yes, describe: