



**341 Beech St., Unit 1, Pottstown, PA 19464**  
**610-326-2506 \* www.artfusion19464.org**

**Healing Arts Parent Child Program Application**  
**Sponsored by SEI Cares**

Today's Date:		Adult Applicant Name:		
Child Applicant Name:				Child Age:
Address:				
City:		State:	Zip:	
Home Phone:		Cell:		
Email:				
Age:		Session applying for: <input type="checkbox"/> March 7, 2019		
Adult attending class is a: <input type="checkbox"/> cancer patient <input type="checkbox"/> survivor <input type="checkbox"/> family member <input type="checkbox"/> caregiver <input type="checkbox"/> military veteran				
Child attending class is a: <input type="checkbox"/> cancer patient <input type="checkbox"/> survivor <input type="checkbox"/> child/grandchild of patient/survivor <input type="checkbox"/> child/grandchild of a military veteran				
Why would you and your child like to participate in this program?				
Where did you hear about our program?				
Have you participated in the Healing Arts Program before? If so, when?				
Additional comments:				
Adult Signature:				Date:

*The mission of ArtFusion 19464 is to enrich the lives of the residents in the greater Pottstown area through the visual arts, regardless of ethnicity and economic situations. Our goal is to spark creativity, build self-confidence and develop community bonds through education, mentoring and community service.*