

A. L. I. V. E.

Abilities, Life skills, Independence training, Vitality, and Education

Creativity 101: Self-Expression

10 Weeks: March 12, 19, 26, April 2, 9, 16, 23, 30, May 7, 14.

Select a Class Time: _____ 3:30 - 5pm or _____ 5:30 - 7pm

DU's Craig Hall (2148 S. High Street) Room 384

\$150 per quarter Partial scholarships are available (contact Ann Bersani for more information)

Student Information

Name: _____

Address: _____

Phone numbers
(home and cell): _____

E-mail: _____

Date of birth: _____ / _____ / _____
month day year

Gender: Male
Female

Parent/Guardian Information

Name: _____

Address: _____

Phone numbers
(home and cell): _____

E-mail: _____

Please return the completed form and fee to: DADSC, 700 Potomac, Suite A, Aurora, CO. 80011

If you have any questions please contact Ann Bersani

Phone: 303-360-3877

E-mail: director@denverdsclinic.org