THE HEART STUDIO

Creative Wellbeing Session

Term Registration Form

YOUR DETAILS

Full name:_____

Preferred name:_____

Pronouns (optional):_____

Phone:_____

Email:_____

Emergency contact (name + phone):_____

MAKING YOUR EXPERIENCE COMFORTABLE

Is there anything you'd like us to know that would help make your experience at The Heart Studio comfortable and accessible?

□ Mobility/access requirements
□ Vision/hearing requirements
□ Dietary requirements/allergies
□ No additional requirements
□ Sensory considerations
□ Language/communication support
□ Other:_____

You are welcome to contact us before the session if you'd prefer to discuss your needs privately.

WHAT ARE YOU HOPING TO GET FROM YOUR EXPERIENCE AT THE HEART STUDIO?

Choose as many as you'd like.

□ Time for myself
□ Meeting new people
□ Building confidence
□ Exploring something new
□ I'm not sure yet - I'm just curious!
□ Creativity & self-expression
□ Learning practical wellbeing strategies
□ Mindfulness & relaxation
□ Supporting my emotional wellbeing
□ Other:_____

I'M REGISTERING FOR:

□ Full Term (10/11 weeks) — $200
□ I understand that casual attendance is $25 per session and is subject to availability.
If I am unable to attend a session, I will let the facilitator know where possible.

By signing below, I confirm that I have received and read the The Heart Studio Service Agreement & Consent Information and understand that participation is voluntary. I understand that I may choose not to participate in an activity or discussion, take a break whenever I need to, and leave the session if I need to.

Name: _____

Signature: _____

Date: _____

Please email completed form to info@herfearlessheart.org

Once we receive your registration form, we will email you an invoice with payment details.

Your place will be confirmed once payment has been received.