



We are excited that you will be joining us for the ***Taking It Lightly Renewal*** course. Following is course information to assist you in preparing for the weekend.

Course Location: Center for Creative Learning Conference Center
10919 W Bluemound Rd #50, Milwaukee, WI 53226
<http://www.centerforcreativelearning.com/map.pdf>
Phone for contact during weekend 414-383-5433

Course Dates/Times:

Friday	6:45 pm - approx. 11 pm
Saturday	8:45 am - approx. 11 pm
Sunday	8:45 am - approx. 7:00 pm

Any course paperwork that is not submitted with your registration (see checklist below) must be returned to our office, fully completed, by the Thursday before the course at 12 noon.

MEALS: We will be “brown-bagging” lunch and dinner on Saturday and lunch Sunday. Some folks bring extra to pot-luck for lunches - that is optional. There are refrigerators available, however a small cooler is recommended.

CLOTHING: Wear loose, comfortable clothing. We suggest layers, as the temperature of the room varies depending on the kind of activities we are doing. Please bring shoes that are secure on your feet (tie or velcro, not sandals or slip-on) for Saturday and Sunday.

GRADUATION: You are welcome to invite guests, friends or family, to your graduation on Sunday night. Suggest that they arrive at 5:45 so we can start promptly. (Anticipated ending time: 7:30 pm). You are also welcome to bring “treats” to share at graduation.

If you have any other questions, please contact our office at (414) 374-5433. If you get voice mail, please leave your name, number and question, and we will get back to you as soon as possible. Until the weekend, remember ***Take It Lightly!!***

Attached: Personal Background Information Sheet Billing Policy Statement
Information Release Authorization Informed Consent Agreement

Center for Creative Learning, LLC
Patricia Clason, Director

MAILING ADDRESS: 2437 N Booth St Milwaukee, WI 53212
(414) 374-5433 tollfree (800) 236-4692 fax (414) 374-5433
www.centerforcreativelearning.com contactus@centerforcreativelearning.com

CONFERENCE CENTER: 10919 W Bluemound Rd #50, Milwaukee, WI 53226 (414) 383-5433

CHECKLIST FOR REGISTRATION:

_____ Please register online at <http://www.centerforcreativelearning.com/registration.php>

_____ **RETURN IMMEDIATELY:** Information Release Authorization (if you are seeing a therapist), Signed Billing Policy Statement, Informed Consent Agreement and your deposit of \$200, payable to the Center for Creative Learning with this paperwork to guarantee your space in the weekend dates of your choice. The balance of \$270 is due 5 days prior to the weekend.

_____ **RETURN no later than 5 days prior to the course:**
Personal Background Information and balance of your course fee

GENERAL REMINDERS CHECKLIST:

This list will help you plan/pack for the weekend.

- Wear long pants (no shorts or skirts).
- Wear socks and shoes that stay securely on your feet. Please do not wear slip-on shoes, sandals or heavy boots.
- Wear loose, comfortable clothing in layers. (T-shirt and a sweatshirt or sweater)
- Do not wear jewelry, perfume, cologne or after-shave.
- Bring food for lunch (and something to share if you want) - plan for three meals (Saturday lunch, dinner and Sunday lunch). A small cooler for your food is recommended. Some refrigerator space is available. A Pick'n'Save grocery store is within one mile of the Center.
- If you wear contacts, you might want to either wear your glasses or bring your glasses and your contact supplies with you.
- The phone number to the Conference Center is (414) 383-5433. The phone is answered the entire time we are here. This is the number to give to anyone who might need to reach you for an emergency during the course hours.

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Billing Policy

COST: *Taking It Lightly* \$470.00

STANDARD TERMS

DEPOSIT: \$200 non-refundable deposit. Deposit may be transferred to another weekend if there is a medical or other emergency which prohibits your participation in the weekend in which you originally enrolled. Deposit may be paid by cash, personal check, cashiers check or money order. Third party checks are not accepted.

PAYMENT TERMS: Balance due at the beginning of the weekend. If personal finances are such that this is just not possible, a three month payment plan can be arranged (\$90.00 per month). Please bring three checks for \$90 pre-dated for date they can be cashed. Longer term payment plans are discouraged as it is our experience that they are often not honored.

CREDIT CARDS: We accept Master Card, Visa and American Express for payment.

SCHOLARSHIP: If personal finances do not allow full payment you may complete a scholarship application. This is a short financial statement which allows us to determine the level of need. *All persons participating in the weekend must pay some cash payment for the weekend to assure their commitment to participation.* Scholarship positions are available for weekends that are not filled with full payment students. Your participation will be confirmed on the Monday prior to the weekend.

Effective date: 4/29/09

I have read and understand the above billing policy and agree to the terms stated herein.

signature

date

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TAKING IT LIGHTLY PERSONAL BACKGROUND INFORMATION

To be completed and returned at least five days prior to the weekend

NAME

Birthdate _____

To better assist you in achieving your goals for the TAKING IT LIGHTLY weekend course, we request that you complete the following information. It will help you in getting clear about what you want and it will give us background information that help us help you.

CHILDHOOD AND CURRENT FAMILY MEMBERS

List the members of your family and descriptive information about each one (such as occupation, personality and any other information you think would be valuable background for us - such as stepparents or step bothers/sisters). When listing brothers and sisters, please list in birth order (oldest first). If a family member is no longer living, indicate cause of death, their age at death and how old you were when they died.

CHILDHOOD	First name	Age	Description
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You

Mother

Father

Oldest brother/sister

Brother/sister

Brother/sister

Brother/sister

Brother/sister

CURRENT	First Name	Age	Description
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Self

Marital status ___ Married ___ Divorced ___ Single ___ Living Together

Spouse/Significant Other

Oldest son/daughter

son/daughter

son/daughter

son/daughter

son/daughter

Describe your job

How do you feel about your job?

Have you taken any other personal development courses? (describe)

Are you on any medication? _____ If so, what?
for what reason/illness?

Describe any physical illnesses (major) or disabilities you have (or had)

Have you ever been in therapy? _____ If yes, were you satisfied?
Other comments about your therapy?

May we contact your therapist? _____ Name/phone #

What else would you like us to know about you that might be helpful to us in assisting you?

Who referred you to the Center for Creative Learning and Taking It Lightly?

GOALS

*" You won't know when you get there
if you don't know where you are going"*

List the most important goal/result that you want in each category:

FAMILY & INTIMATE RELATIONSHIPS

BUSINESS/CAREER

SOCIAL RELATIONSHIPS/FRIENDSHIPS

THE *MOST IMPORTANT* RESULT I WANT FROM TAKING THIS COURSE IS:

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**For Office Use Only**

## **Sexual Abuse Experiences**

Please give us some background on the sexual abuse you have experienced. Please know that this information will be kept confidential.

TAKING IT LIGHTLY is designed to assist you in becoming aware of childhood decisions that you made in order to survive (emotionally or physically) and then choosing a new decision about the way you want to be in the world now. Please describe two circumstances from your childhood that stand out in your memory as "survival" experiences - include how you felt about each experience.

For example:

When I was four years old, I won a contest for most beautiful hair. Later I took a pair of scissors and cut my hair. My mom was so angry that she cut my hair VERY short as a punishment. I felt angry and betrayed - because I thought I was doing something creative and "adult" and she should be proud.

SURVIVAL EXPERIENCE #1 Age

I felt

SURVIVAL EXPERIENCE #2 Age

I felt

## ***Center for Creative Learning, LLC***

***Mailing Address - OFFICES:*** 2437 N Booth Street, Milwaukee, WI 53212  
(414) 374-5433 fax (414) 374-5433 (800) 236-4692

**CONFERENCE CENTER:** 1553 S 38 St, #300, Milwaukee, WI 53215 (414)383-5433  
[www.centerforcreativelearning.com](http://www.centerforcreativelearning.com) [contactus@centerforcreativelearning.com](mailto:contactus@centerforcreativelearning.com)



# INFORMED CONSENT AGREEMENT

Course name \_\_\_\_\_

Student's Name and address: \_\_\_\_\_

Dates: Friday \_\_\_\_\_ Time: \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

zip \_\_\_\_\_

\_\_\_\_\_ 1) I understand this course is educational and not psychotherapy or a substitute for psychotherapy.

2) I have thoroughly discussed the course with a staff member of the Center and I understand that, in addition to the benefit, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or injury to myself or inflicted by me during the course, and hereby release the Center for Creative Learning for any liability therefore.

3) I take responsibility for consulting with a medical doctor and/or my therapist prior to participating in the course concerning any known or potential physical or mental condition which I may have, for the purpose of getting medical permission to participate. I assume the risk, by this consent, of any illness during the course, and hereby release the Center for Creative Learning for any liability therefore.

4) I hereby authorize the staff members of the Center for Creative Learning to take any reasonable steps on my behalf in the case of accident, injury or illness, including but not limited to emergency first aid; doctor, nurse and/or ambulance services; etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release the Center for Creative Learning from any liability therefore.

5) I agree to respect the confidentiality of all participants and their remarks by keeping all material of the course private and confidential.

6) I agree to maintain sobriety (no non-prescription drugs or alcohol) from 7 pm Thursday before the course through the entire weekend.

7) I agree to be on time for all sessions as listed above.

I agree that my deposit is non-refundable and that I lose all right to any other refund if I do not attend ALL sessions of the course. Refund requests must be made in writing within seven days of completion of the course.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian (if student is a minor)

## NOTICE OF CANCELLATION

TODAY'S DATE \_\_\_\_\_

You may cancel this transaction without any penalty or obligation, within three business days of the above date. If you cancel, any payments made by you under the contract and any negotiable instrument executed by you will be returned within 10 business days following receipt by Center for Creative Learning of your cancellation notice, and any security interest arising out of the transaction will be canceled.

To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice, or send a telegram to:

Center for Creative Learning, 2437 N Booth St, Milwaukee, WI 53212 no later than midnight of \_\_\_\_\_. I hereby cancel this transaction.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

## CENTER FOR CREATIVE LEARNING, LLC

OFFICE: 2437 N Booth St Milwaukee, WI 53212

(414) 374-5433 (800) 236-4692

# INFORMATION RELEASE AUTHORIZATION

I, \_\_\_\_\_ hereby authorize the following:  
(your name/client about whom we want information) (date of birth)

AGENCY NAME \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

its director or designee, \_\_\_\_\_ to

release information contained in my record to the individuals or organizations and only under the conditions listed below:

1. Name of person(s) or organization(s) to whom disclosure is to be made:

*The Center for Creative Learning*

2. Specific type of information to be disclosed: *Any information the therapist deems pertinent to client's participation in a weekend personal growth intensive*

3. The purpose and need for such disclosure: *To assist the instructors of the weekend in working with the client and maximizing client's outcomes and safety*

4. Without written or verbally expressed revocation this consent expires for either of the following specified reasons:

A. Expiration Date: \_\_\_\_\_ B. Event: **Termination of Treatment by either party**

**5. Client also authorizes the Center for Creative Learning** to release to agency/therapist named above the specific nature of the client's work done in the course room during the weekend program for the purpose of coordination of services.

**6. Consent is hereby given for the *Center for Creative Learning***, its director or designee, to provide information to the agency/therapist authorized above regarding my participation in events it sponsors, including but not limited to the weekend.

7. NOTICE OF FEDERAL AND STATE LAWS AGAINST FURTHER DISCLOSURE:

"This information has been disclosed to you from records whose confidentiality is protected by Federal and State Laws. Federal regulations (42CFR, Part 2) and State Laws (S51.30 and HSS 92) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Client - or - Guardian of Client

Date \_\_\_\_\_

Date \_\_\_\_\_

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