



The Abe Gold Learning and Research Center Creative and Therapeutic Arts Program

Registration Form

Participant name: _____

Date of birth: ___D___ / ___M___ / ___Y___ Age: _____

Language(s) used: _____ Verbal: Non-verbal:

Participant's permanent address:

Main telephone number (if applicable): _____

E-mail (if applicable): _____

Emergency contact (guardian): _____

Phone: _____ Email: _____

PARTICIPANT CHARACTERISTICS: Please provide us with the following information:

Interests: _____

Communication (shouting, inappropriate language, level): _____

Socialization (interest in peers, enjoyment of groups, inappropriate gestures towards peers): _____

Behaviors (aggression, escape, damage - warning signs - please attach behavioral plan if available) :

Mental health (suicidal thoughts, self-harm, diagnosis): _____

Sensoriality (hyper- or hypo-sensitive, disturbed by noisy environment): _____



Autonomy (needs supervision to handle scissors, go to the toilet alone or must be accompanied):

Other information: _____

MEDICAL INFORMATION

Health Insurance Number: _____ Expiration Date: _____

Check the box if you have any of the following problems:

Heart problems

Diabetes

Asthma

Coagulation problems

Epilepsy

Triggers _____

Procedures _____

Allergies _____

Other medical conditions _____

If medication is to be taken during the session, please specify the name, dosage and schedule below:

MOBILITY AND TRANSPORT

Will the participant use public transport independently? Yes No

Will the participant be using Transport Adapté? File number (if applicable) _____

Will the participant bring a personal vehicle? Yes No

The Creative and Therapeutic Arts Program offers several services. Please check the desired service(s):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
M O R N I N G	<u>Art Therapy</u> Ages 6 and up <i>Individual</i> <input type="checkbox"/> 9:00 - 9:50 am <input type="checkbox"/> 10:00 - 10:50 am <input type="checkbox"/> 11:00 - 11:50 am Mélissa Sokoloff				
A F T E R N O O N	<u>Dance and Movement</u> 15+ years <i>Group</i> <input type="checkbox"/> 2:30 - 4:00 pm Deborah Maia de Lima	<u>Collaborative Music-Making and Songwriting</u> All ages 6 and up <i>Group</i> <input type="checkbox"/> 12:15 - 1:45 pm Jon Shrier <u>Digital Art Skillshare</u> 13+ years <i>Group</i> <input type="checkbox"/> 2:30 - 4:00 pm Monica Escobedo		<u>Collaborative Music-Making and Songwriting</u> All ages 6 and up <i>Group</i> <input type="checkbox"/> 12:15 - 1:45 pm Jon Shrier <u>Art Therapy</u> 15+ years <i>Group</i> <input type="checkbox"/> 2:30 - 4:00 pm Mélissa Sokoloff	<u>Art Therapy</u> Ages 6 and up <i>Individual</i> <input type="checkbox"/> 1:00 - 1:50 pm <input type="checkbox"/> 2:00 - 2:50 pm <input type="checkbox"/> 3:00 - 3:50 pm Mélissa Sokoloff
E V E N I N G	<u>Dance and Movement</u> Children 3-7 years <i>Group</i> <input type="checkbox"/> 4:35 - 5:20 pm Deborah Maia de Lima		<u>Music Therapy</u> 6 to 12 years <i>Group</i> <input type="checkbox"/> 4:35 - 5:20 pm Asa Kando <u>Music Therapy</u> 13+ years <i>Group</i> <input type="checkbox"/> 5:30 - 7:00 pm Asa Kando	<u>Music</u> Children 3-7 years <i>Group</i> <input type="checkbox"/> 4:35 - 5:20 pm Robyn Goodman <u>Drama Therapy</u> 18+ years <i>Group</i> <input type="checkbox"/> 6:00 - 7:30 pm Melodie Pellerin	



SCHEDULING A MEETING BEFORE SERVICES BEGIN: A meeting will be scheduled with each new participant to ensure their profile matches the chosen service(s). This meeting will take place between September 2 and 20. The participant and their parent/guardian must be present. Please indicate your availability for a meeting in the document below, and the team will try to arrange a meeting for you at that time:

- In person at 8092 Montview, Mont-Royal, QC H4P 2L7
- In Teams

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 am to 12:00 pm					
1:00 pm to 5:00 pm until 6:00 pm Tuesdays - Wednesdays					

FEES:

Services are billed on a semester basis. If the client begins sessions during the semester, invoicing will take place from the first day of the service to the end of the semester.

The service fees are as follows:

- Individual: \$60 for 50 minutes
- Group
 - \$15 for 45 minutes
 - \$30 for 1.5 hours

IMPORTANT NOTICE

Once registration has been confirmed, you will receive the contract and invoice by e-mail.

PARTICIPANT'S NAME (in block letters) _____

SIGNATURE (if applicable) _____

NAME OF GUARDIAN (if applicable) _____

GUARDIAN'S SIGNATURE _____

DATE _____

To register, please send the registration form to Melissa Sokoloff.

Melissa Sokoloff: (514) 345-8330 ext. 205 / melissas@goldlearningcentre.com

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