



## 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 (e.g. preferred themes, likes & dislikes): \_\_\_\_\_

Communication (e.g. level, shouting, inappropriate language): \_\_\_\_\_

Socialization (e.g. interest in peers, enjoyment of groups, inappropriate gestures towards peers): \_\_\_\_\_

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

Mental health (e.g. suicidal thoughts, self-harm, diagnosis): \_\_\_\_\_

Sensorial aspects (e.g. hyper- or hypo-sensitive, disturbed by noisy environment): \_\_\_\_\_

Autonomy (e.g. 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

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Any trigger that may prevent the situation: \_\_\_\_\_

Signs of identification of the problem.s: \_\_\_\_\_

Procedures: \_\_\_\_\_

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):

	Saturday
Afternoon	<p><u>Music:</u> 3-11 years old, group <input type="checkbox"/> 1:00-1:45 pm Asa Kando &amp; Elisabeth Eudes-Pascal</p> <p><u>Visual arts:</u> 3-11 years old, group <input type="checkbox"/> 2:00-2:45 pm Asa Kando &amp; Elisabeth Eudes-Pascal</p> <p><u>Music:</u> Teens 12+ and adults, group <input type="checkbox"/> 3:15-4:00 pm Asa Kando &amp; Elisabeth Eudes-Pascal</p> <p><u>Visual Arts:</u> Teens 12+ and adults, group <input type="checkbox"/> 4:15-5:00 pm Asa Kando &amp; Elisabeth Eudes-Pascal</p>



**Scheduling a meeting before services begin:** A meeting will be scheduled with each new participant to ensure that their profile matches the chosen service(s). This meeting will take place between March 10 and 26, 2025. The participant and their parent/guardian must be present. Please indicate your availability for a meeting in the table below, and the team will try to arrange a meeting for you at that time:

- In person at 8092 ch. Montview, Mont-Royal (Québec), H4P 2L7
- In Teams

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am to 12pm						
1pm to 5pm						

**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 service to the end of the semester.

The service fees are as follows:

- In individual : 60\$ per 50 minutes (45 min for children)
- In group
  - 15\$ per 45 min
  - 30\$ for 1h30

**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

Anna Stengel, program assistant: (514.345.1300) ext. 205 / [annas@goldlearningcentre.com](mailto:annas@goldlearningcentre.com)