



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):

	Lundi	Mardi	Mercredi	Jeudi	Vendredi	Samedi
Morning		<u>Digital Technologie & Artistic Expression</u> : adults, group <input type="checkbox"/> 10:30 am-12 pm Momo Escobedo				
After-noon	<u>Art Therapy</u> : 3 years old and +, individual <input type="checkbox"/> 2:35 PM Melissa Sokoloff	<u>Digital Technologie & Artistic Expression</u> : adults, individual <input type="checkbox"/> 3-3:50 pm Monica Escobedo	<u>Music Therapy</u> : 3 years old and +, individual <input type="checkbox"/> 1 pm <input type="checkbox"/> 2 pm <input type="checkbox"/> 3 pm Asa Kando	<u>Art Therapy</u> : adults, group <input type="checkbox"/> 2:30-4 pm Melissa Sokoloff <u>Dance and Theater</u> : 3 years old and +, individual <input type="checkbox"/> 12 pm <input type="checkbox"/> 1:30 pm <input type="checkbox"/> 2:30 pm Deborah Maia de Lima	<u>Art Therapy</u> : 3 years old and +, individual <input type="checkbox"/> 3 :15 pm Melissa Sokoloff	<u>Music Exploration</u> : 3 to 11 years old, group <input type="checkbox"/> 1-1:45 pm Asa Kando <u>Visual Arts</u> : 3 to 11 years old, group <input type="checkbox"/> 2-2:45 pm Elisabeth Eudes-Pascal <u>Music Exploration</u> : 12 years old and +, group <input type="checkbox"/> 3:15-4 pm Asa Kando <u>Visual Arts</u> : 12 years old and +, group <input type="checkbox"/> 4:15-5 pm Elisabeth Eudes-Pascal
Evening			<u>Music Therapy</u> : 3 years old and +, individual <input type="checkbox"/> 5:30 pm Asa Kando <u>Music Therapy</u> : 3 years old and +, group <input type="checkbox"/> 6:30 pm Asa Kando	<u>Dance and Theater</u> : adults, group <input type="checkbox"/> 5:45-6:30 Deborah Maia de Lima		



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). 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