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# Art Therapy Phase 2 Registration Form



Date:		Participant Name:	
Address:			
Home Phone:		Work Phone:	Cell Phone:
Email Address:		Age:	Birth Date: ____/____/____ MM/DD/YR
Emergency Contact Name:			
Emergency Contact Phone: _____			
What year did you complete The Gatehouse - Phase 1 group? _____ Art Therapy Phase 1? _____			
<p><b>Prerequisite:</b> Registrants must complete The Gatehouse Phase 1 - 15 week &amp; Art Therapy Phase 1 groups prior to attending the phase 2 Art Therapy group. A Gatehouse staff member will confirm registration in writing. Registration is on a first come, first served basis.</p> <p>If you have any questions, kindly contact The Gatehouse at 416-255-5900 or Paul Dunn at <a href="mailto:pauld@thegatehouse.org">pauld@thegatehouse.org</a></p>			

OFFICE USE ONLY	
Phase 1 Art Therapy Group Start Date:	
Comments:	
Staff Name:	Staff Signature
File Date:	Date Entered in Tracking List: