



http://www.fullcircleatc.com/

Art Therapy Phase 1 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? _____ Phase 2? _____ (If you didn't complete phase 2, write N/A)			
Prerequisite: Registrants must complete The Gatehouse Phase 1 - 15 week group prior to attending the phase 1 Art Therapy group. A Gatehouse staff member will confirm registration in writing. Registration is on a first come, first served basis.			
If you have any questions, kindly contact The Gatehouse at 416-255-5900 or Paul Dunn at pauld@thegatehouse.org			

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