

imagePathways

461 Main Street, Newcastle CA 95658 (916) 672-8409

Registration Form

Date _____

Participant Information

Last Name First Name / Date of Birth Age _____ Grade _____

Last Name First Name / Date of Birth Age _____ Grade _____

Academic School participants attend _____

Parent / Guardian Information

Mother Name / Father Name

Address City State Zip

Home Phone Cell Phone Emergency #

Work Phone / email address

I am interested in the following: **(please check ✓)**

_____ Children's Art Classes

_____ Birthday Parties

_____ Sand Play Therapy

_____ Children's individual therapy using art as expression

_____ Adult creative events and imageworkshop workshops

_____ Adult individual therapy sessions using creative process as expression

_____ Facilitating or co-facilitating an art or creative class or workshop

_____ EMDR (Eye Movement Therapy)

_____ Renting Space @ imagePathways for an event

_____ Volunteering time at imagePathways -in what capacity _____

_____ Other _____

_____ (please initial) **I would like to be notified via email of specials, calendar of events, newsletters**