

# Hatch's

## HOUSE OF HOPE

### Registration Form for Therapy Group for Children/Adolescents with Cancer

Please complete entire form. Please print clearly.

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle) : Male Female

Parent/Guardian Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact (circle):    Phone    Email

Please return this form by mail to:

Hatch's house of hope

379 East 3rd Street, Suite C-232

Chattanooga, TN 37403 OR

By email to: [seminars@hatcherfoundation.org](mailto:seminars@hatcherfoundation.org) OR

By fax to: (615) 439-1620

*Thank you for contacting Hatch's. A staff member from Hatch's house of hope will contact you shortly to arrange an individual session to get to know you better prior to the start of the counseling group. We look forward to working with you and your child!*

*For more information about other services offered at Hatch's, please visit our website: [www.hatchshouse.org](http://www.hatchshouse.org)*