Music and Arts Registration Form

FOR OFFICE USE Date received: _____ Form #: __

Spiral Garden 2017 Registration: Participants without Special Needs

Please use this 3-page form to register your child without special needs into Spiral Garden.

Registration Deadline: Friday June 2, 2017

Section A Registrant (Child) Information								
First name:				Last name:				
Age:	Age: Gender: Birthdate (dd-mm-yy)			/): He		Healthcar	rd #:	
Family Physician Name and Phone #:								
Section B Family Contact Information								
(1) Parent /	Guardian name	:						
Mailing address:				E-mail address:				
City:			Province:			Posta	Postal code:	
Home phone:			Work phone:			Cell phone:		
(2) Parent / Guardian name:								
Mailing address (if different):				E-mail address:				
City:			Province:		Posta	Postal code:		
Home phone:			Work phone:		Cell p	Cell phone:		
(3) Emergency contact name:								
Home phone:			Work phone:			Cell phone:		
Section C Allergies and Medication								
Does your child have any allergies? YES NO If YES, please describe (type & symptoms):								
What is the treatment for an allergic reaction?								



Registrant (Child) Name (please print):

Section C contin	nued Allergies and Medica	tion
•	ave an EpiPen with them in the progra e taking medication while in the progra	

Section D Registration for SPIR	AL GARDEN program			
Four sessions (A, B, C, D) – 9 days each	Ages: 6-21			
Eligibility and registration instructions				
• Participants must be 6 years old on				
•	one session, please rank them in Order			
A limited number of one-week regi	stration options may be available. Pleas	se indicate yo	our interest below.	
NEW! One-week registrations				
A limited number of one-week registration	tions spots may be available only for the	e first week o	f each session. If you are	
interested, please indicate your choice	below (options A1, B1, C1 and D1). We	will be evalua	nting our ability to meet the	
demand for one-week registrations in e	each session, and cannot guarantee avai	lability for ev	eryone who registers.	
			July	
Register for Spiral Garden:	<u>Dates</u>	<u>Preference</u>	Sun Mon Tue Wed Thu Fri Sat	
► S450 Spiral Garden Session A	9 days: July 4-7 and 10-14		1	
- dans at the time to the			2 3 4 5 6 7 8	
▶ \$200 Spiral Garden Session A1	4 days: July 4-7 (Tues – Fri)		9 10 11 12 13 14 15	
► \$200 Spiral Garden Session A1 ► \$450 Spiral Garden Session B	4 days: July 4-7 (Tues – Fri) 9 days: July 18-21 and 24-28		9 10 11 12 13 14 15 16 17 18 19 20 21 22	
	• • • • • • • • • • • • • • • • • • • •			
▶ ☐ \$450 Spiral Garden Session B	9 days: July 18-21 and 24-28		16 17 18 19 20 21 22 23 24 25 26 27 28 29	
▶ ☐ \$450 Spiral Garden Session B▶ ☐ \$200 Spiral Garden Session B1	9 days: July 18-21 and 24-28 4 days: July 18-21 (Tues – Fri)		16 17 18 19 20 21 22 23 24 25 26 27 28 29 August	
 ▶ ☐ \$450 Spiral Garden Session B ▶ ☐ \$200 Spiral Garden Session B1 ▶ ☐ \$450 Spiral Garden Session C 	9 days: July 18-21 and 24-28 4 days: July 18-21 (Tues – Fri) 9 days: July 31-August 4 and 8-11		16 17 18 19 20 21 22 23 24 25 26 27 28 29	
 \$450 Spiral Garden Session B \$200 Spiral Garden Session B1 \$450 Spiral Garden Session C \$250 Spiral Garden Session C1 	9 days: July 18-21 and 24-28 4 days: July 18-21 (Tues – Fri) 9 days: July 31-August 4 and 8-11 5 days: July 31-August 4 (Mon – Fri)		16 17 18 19 20 21 22 23 24 25 26 27 28 29 Sun Mon Tue Wed Thu Fri Sat	
 \$450 Spiral Garden Session B \$200 Spiral Garden Session B1 \$450 Spiral Garden Session C \$250 Spiral Garden Session C1 \$450 Spiral Garden Session D 	9 days: July 18-21 and 24-28 4 days: July 18-21 (Tues – Fri) 9 days: July 31-August 4 and 8-11 5 days: July 31-August 4 (Mon – Fri) 9 days: August 15-18 and 21-25		16 17 18 19 20 21 22 23 24 25 26 27 28 29 Sun Mon Tue Wed Thu Fri Sat 31 1 2 3 4 5	

Section E Important registration information

► How many sessions do you want your child to attend? _____

Registrations are processed on a first-come-first-served basis. If a session is full, your child will be placed on a waitlist. A \$50 administrative fee will be charged for cancellations. Participants will be charged the full program fee if they cancel less than two weeks before the program start date, otherwise only the administrative fee will be charged.

27 28 29 30 31 1



Registrant (Child) Name (please print):

Section F Payment Information						
Select a payment method in order for your registration form to be processed. Payment may be made by cash, cheque, credit card or funding/financial assistance. Please tell us below if you would like to pay in smaller payments.						
I would like to pay by:	[
1. Funding - I have applied for funding from Holland Bloorview	Contact the <i>Holland Bloorview Warmline</i> to					
2. Funding - I have applied for other funding	learn about Ontario funding for recreation and respite.					
3. Cheque # Cheque date	1-877-463-0365					
4. Cash \$ amount	resourcecentre@hollandbloorview.ca					
5. Credit Card: Mastercard VISA AMEX						
Credit card # Expiry date						
Name on the card						
Signature						
Section G What happens next?						
Submit your form using the information on the right. Confirmations and receipts will be mailed out.	Please send your form to:					
 Payments will be processed with your registration confirmation 	Holland Bloorview Kids Rehabilitation Hospital c/o Music and Arts					
• If you are applying for funding, your spot may be reserved until May 26, 2017. Please apply for funding as soon as possible.	150 Kilgour Rd. Toronto, ON M4G 1R8					
 Confirmed registrants will begin receiving welcome packages for Spiral Garden by mail in April. 	Fax: (416) 422-7037					
Section H How did you find out about us?						
☐ My child has been in a Music and Arts program before						
☐ From my child's school	Contact Music and Arts: Monday-Friday, 8:30am – 4:30pm					
From another parent/family	(416) 425-6220 ext. 3317					
Online (Holland Bloorview website, Facebook, etc.)	musicandart@hollandbloorview.ca					
Other:						