

Music and Arts Registration Form

September 2016 – June 2017

Welcome to Music and Arts!

(For office use) Date received: _____ # _____

Music and Arts programs are for children and youth with special needs, up to the age of 21, and their siblings. Please review the brochure for more program information.

Registration Deadlines

FALL August 26, 2016
WINTER December 31, 2016
SPRING March 25, 2017

Returning participants

If your child has participated in Music and Arts programs before, you do not need to complete the entire form. Please complete the **Registrant Information** section below, review pages 1-3 and add only any new or updated information.

My child is a returning participant

Registrant Information

First name _____ Last name _____

Age ____ Gender _____ Date of Birth (dd-mm-yyyy) _____ Health Card # _____

Family Physician Name and Phone # _____

Are you a client of Holland Bloorview? YES NO If yes, which departments(s)? _____

Have you been in our programs before? YES NO If yes, which programs? _____

Contact Information

1. Parent/Guardian name _____

Street Address: _____ E-mail Address: _____

City _____ Province _____ Postal Code _____

Home Ph. # _____ Work Ph. # _____ Cell Ph. # _____

2. Parent/Guardian name _____

Street Address: _____ E-mail Address: _____

City _____ Province _____ Postal Code _____

Home Ph. # _____ Work Ph. # _____ Cell Ph. # _____

Client lives with: Both Parents Father Mother Guardian Independent Other

Language spoken at home: English Other: _____

3. Emergency Contact and Phone # _____

Applicant Name (please print on each page): _____

Allergies and Medication

Does your child have any allergies? YES NO Please describe (type & symptoms): _____

What is the treatment for an allergic reaction? _____

Will your child be taking any medication while in the program? YES* NO

Please explain _____
(If yes, you will be contacted for more information).

Special Needs

Does your child have special needs? YES NO

Diagnosis or Special Need(s): _____

1. MOBILITY Is your child at risk of falling? YES NO

(e.g. your child has fallen in the last three (3) months as a result of diagnosis – poor balance, dizziness, etc.)

My child: Requires support when walking Uses a Walker Uses a manual wheelchair uses an electric wheelchair Requires an assistive device for lifts and transfers (e.g. Hoyer lift, sling, etc.)

My child uses Splints/Orthotics: YES NO If Yes, orthotics are used when _____

Does your child need hand-over-hand assistance? YES NO

2. TOILETING Does your child need assistance with toileting? YES NO Child's weight _____ lb or _____ kg

If yes, specify toileting routine details (If applicable, please send slings and personal care items with your child):

3. EATING Does your child need assistance eating? YES NO

If yes, type of assistance required (if applicable, please send all food/equipment your child requires):

4. COMMUNICATION Does your child need assistance communicating? YES NO

My child communicates: verbally with gestures with an assistive device/book with pictures

My child indicates "Yes" by _____ "No" by _____

Please send appropriate communication devices, books and aids with your child.

Applicant Name (please print on each page): _____

5. BEHAVIOUR

Each child must be able to be successful in a group setting of 8-12 participants. To ensure that we can provide a positive group experience for your child, **all new participants to our art programs** will attend a Program Orientation Visit prior to having their spot confirmed in the program. The team will contact you to schedule this visit.

While in a program, could your child:

- Yes No Get overwhelmed by loud/sudden noises? Yes No Harm someone else?
- Yes No Get overwhelmed by large groups of people? Yes No Harm themselves?
- Yes No Try to run away or leave the group/activity? Yes No Participate successfully in a group?

Please briefly describe any triggers of your child’s behavior and what we can do to help. _____

Have there been any recent and major changes in your child’s life? _____

What types of activities does your child like doing? _____

Seizures and Pain Management

1. SEIZURES Does your child experience seizures? Yes No Date of last seizure: _____

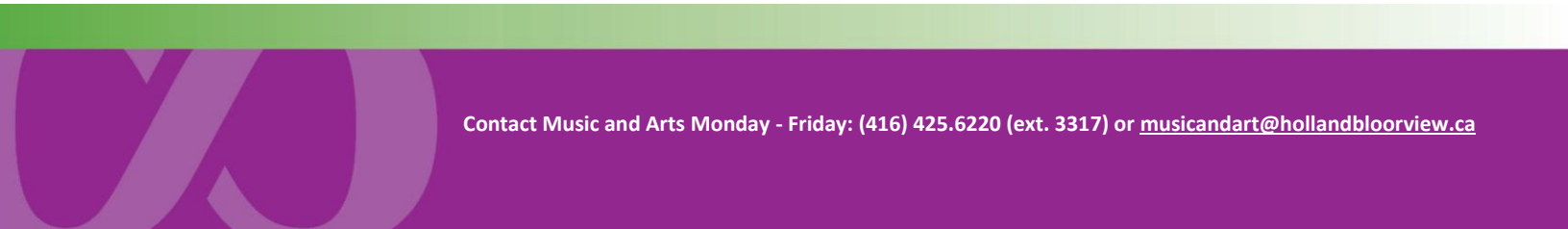
What does a seizure look like (type, frequency, triggers, etc.)? _____

Will your child have seizure medication with them in the program? Yes No

2. PAIN How will your child let us know they are experiencing pain? _____

How can we help to alleviate this pain? _____

3. Does your child require: Suctioning Tip Deep Physical restraints e.g.: elbow splints, mitts Helmet
 Other (please describe): _____



Applicant Name (please print on each page): _____

Registering for programs

Please see the program brochure for descriptions of each program. Unless you are attending a Program Orientation Visit for art programs, you will receive a payment receipt with a confirmation of program dates in the mail. Some programs may not run if a minimum enrollment level is not achieved. If programs are full, your child will be placed on the waitlist for the next available spot.

Seasonal dates - Individual program dates may vary. Each season includes an extra week for make-up (MU) sessions.
FALL: Sep 10 – Dec 18 (12 wks + MU) WINTER: Jan 14 – Mar 26 (7 wks + MU) SPRING: Apr 8 – Jun 25 (8 wks + MU)

Music Programs

For **new participants** of our music programs, a Music Therapy Assessment is required as the first step. Please select the assessment below and submit your form. A staff member will call you directly to schedule the assessment. After the assessment is completed, you may choose to have your child participate in a full season music program.

			Fall	Winter	Spring
<u>Individual (1:1) programs</u>	<u>Ages</u>	<u>Time/Day</u>	2016	2017	2017
Music Therapy Assessment	Up to 21	45 min.	<input type="checkbox"/> \$80 – any time of the year		
1:1 Music Therapy	Up to 21	TUES - SUN for 30 min.	<input type="checkbox"/> \$630	<input type="checkbox"/> \$370	<input type="checkbox"/> \$420
1:1 Adapted Music Education	4-21	TUES - SUN for 30 min.	<input type="checkbox"/> \$420	<input type="checkbox"/> \$245	<input type="checkbox"/> \$310
 <u>Group programs</u>					
Music Together Within Therapy	Up to 7	SAT, 9:15am-10:00pm	<input type="checkbox"/> \$370	<input type="checkbox"/> \$215	<input type="checkbox"/> \$245
Music Therapy Group	13-21	SAT, 11:15am-12:00pm	<input type="checkbox"/> \$330	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220
Music Together Within Therapy - additional sibling			<input type="checkbox"/> \$100		

Preferred therapist/teacher: _____ Preferred instrument: _____

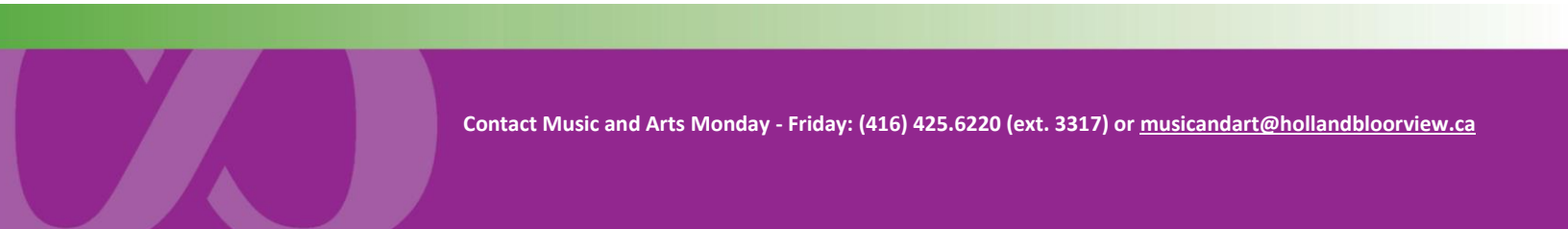
Preferred Day/Times: Tues – Fri (3:00-7:00pm), Sat – Sun (8:30am – 3:30pm)

(e.g. Thurs @ 4pm) 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Building Community Music Program

Taking place during professional development weekends, when other music programs are off, this is a fun, musician-led group offering participants opportunity to meet others, sample new instruments, explore interests and jam to a variety of musical styles. An Assessment is not required for this program.

SAT, February 25, 2017	Ages 6-18	11:15am – 12:00pm	<input type="checkbox"/> \$25
SAT, May 27, 2017	Ages 6-18	11:15am – 12:00pm	<input type="checkbox"/> \$25



Applicant Name (please print on each page): _____

Art Programs

Seasonal dates - Individual program dates may vary. Each season includes an extra week for make-up (MU) sessions.

FALL: Sep 17 – Dec 17 (12 wks + MU) WINTER: Jan 14 – Apr 1 (8 wks + MU) SPRING: Apr 22 – Jun 24 (8 wks + MU)

Art programs are offered in a group format of approximately 8-12 participants, and are open to participants' siblings.

<u>Group programs</u>	<u>Age</u>	<u>Day/Time</u>	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
			2016	2016	2017
Kindler Project	17-21	TUES, 6:30-8:00pm	//	<input type="checkbox"/> Free	//
Drum Circle	13-21	THUR, 6:30-8:00pm	<input type="checkbox"/> \$260	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Dance Theatre	13-21	FRI, 4:30-6:00pm	<input type="checkbox"/> \$260	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Arts xPress	4-12	SAT, 10:30am-12:00pm	<input type="checkbox"/> \$260	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Paint and Clay 1	6-12	SAT, 1:00-2:30pm	<input type="checkbox"/> \$260	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Paint and Clay 2	13-21	SAT, 3:30-5:00pm	<input type="checkbox"/> \$260	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
March Break Dance Camp	13-21	MON-FRI, March 13-17, 2017 9:00am-4:00pm	//	<input type="checkbox"/> \$300	//

Long Weekend Family Programs (Music and Art)

Combining the unique skillset of the musician and the artist to offer participating families a complete hands-on creative experience with varying themes. Registration is for one child aged 4-12 and one parent or a family of up to 4 people.

<u>Group programs</u>	<u>Day/Time</u>	<u>Child and Parent</u>	<u>Family (max. of 4)</u>
Thanksgiving weekend	SAT, October 8, 2016 10:00am-12:00pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
	SAT, October 8, 2016 1:30-3:30pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Family Day weekend	SAT, February 18, 2017 10:00am-12:00pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
	SAT, February 18, 2017 1:30-3:30pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Easter weekend	SAT, April 15, 2017 10:00am-12:00pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
	SAT, April 15, 2017 1:30-3:30pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Victoria Day weekend	SAT, May 20, 2017 10:00am-12:00pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
	SAT, May 20, 2017 1:30-3:30pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100

Cancellation Policy

In the case of a cancellation, a \$50 fee is non-refundable. Participants may withdraw from the program with at least two weeks advance notification prior to the program start date. Otherwise, you will be charged the full program fee. One-to-one music lessons and therapy sessions require 24-hour cancellation notice to reschedule, otherwise the session is forfeit. The sessions must be completed within one seasonal block and cannot be carried over to a new season. At the beginning of a season, your instructor or therapist will talk to you about the one make-up session available each season.

