

# Music and Arts Registration Form

FOR OFFICE USE    Date received: \_\_\_\_\_    Form #: \_\_\_\_\_

## Summer 2018 Program Registration: Participants with Special Needs

Please use this 6-page form to register your child with special needs in summer programming. After the registration form is submitted, the program team will schedule a **Program Screening Visit** for new participants. **This visit will take place before your child's spot is confirmed** and helps to ensure that the child's needs can be met in the program.

**Registration Deadline: Friday June 1, 2018**

Section A    Registrant (Child) Information			
First name:		Last name:	
Age:	Gender:	Birthdate (dd-mm-yyyy):	Healthcard #:
Family Physician Name and Phone #:			

Section B    Family Contact Information		
<b>(1) Parent / Guardian name:</b>		
Mailing address:		E-mail address:
City:	Province:	Postal code:
Home phone:	Work phone:	Cell phone:

<b>(2) Parent / Guardian name:</b>		
Mailing address (if different):		E-mail address:
City:	Province:	Postal code:
Home phone:	Work phone:	Cell phone:

<b>(3) Emergency contact name:</b>		
Home phone:	Work phone:	Cell phone:

Registrant (Child) Name (please print): \_\_\_\_\_

**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?

My child: will have an EpiPen with them in the program  YES  NO

will be taking medication while in the program  YES  NO If YES, please describe medication:

**Section D Special Needs Information**

→ **Diagnosis or Special Need(s):**

**(1) Mobility:** Is your child at risk of falling? (e.g. fallen in the last three months as a result of diagnosis)  YES  NO

My child uses:  support when walking  a walker wheelchair:  manual  electric/power

hand-over-hand assistance  splints/orthotics – if YES, when?

My child requires an assistive device for lifts and transfers (e.g. Hoyer lift, sling, etc.)  YES  NO

**(2) Toileting:** Does your child need assistance with toileting?  YES  NO Child's weight: \_\_\_\_\_ lb / \_\_\_\_\_ kg

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

**(3) Eating:** Does your child need assistance eating?  YES  NO

If YES, what type of assistance is required?

(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 sign language:

with pictures  with an assistive device/book:

My child indicates: "Yes" by (please describe):

(Please send all

communication aids

with your child)

"No" by (please describe):

Registrant (Child) Name (please print): \_\_\_\_\_

**(5) Behaviour**

Please note: new registrants with special needs for Spiral Garden and Dance Theatre Camp must come in for a Participant Screening Visit for approximately 30 minutes *before their spot is confirmed*. This is to ensure that the child's needs can be met in the program. The program team will contact the family to schedule the Visit.

While in a program, could your child:

- |                              |                             |  |                              |                             |                              |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Get overwhelmed by loud/sudden noises?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Harm themselves?             |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Get overwhelmed by large groups of people?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Harm themselves?             |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Try to run away or leave the group/activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Participate without support? |

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? If YES, please describe:

What types of activities does your child like doing?

**Section E Seizures, Pain Management and Special Considerations**

**(1) Seizures:** Does your child experience seizures?  YES  NO Date of last seizure (dd-mm-yyyy):

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) Other Considerations**

My child uses/requires:  G-tube feed  helmet  catheter  
 tip suctioning  deep suctioning  physical restraints (e.g.: elbow splints, mitts)  
 other (please describe):

Registrant (Child) Name (please print): \_\_\_\_\_

Section F      Important registration information
<ul style="list-style-type: none"> <li>• Please see the registration brochure for program descriptions.</li> <li>• Registration is processed on a first-come-first-served basis.</li> <li>• If programs are full, your child will be placed on the waitlist for the next available spot.</li> <li>• Some group programs may not run if too few families register.</li> <li>• New Art program participants will come in for a Participant Screening Visit before their spot is confirmed.</li> <li>• New Music program participants first register for a Music Therapy Assessment.</li> </ul> <p><b>Cancellations</b> 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.</p>

Section G      Registration for MUSIC Programs															
<p><b>6-week summer music season: July 7 – August 27</b> (dates vary for different weekdays)</p> <p>For <u>new participants</u>, a Music Therapy Assessment is required as the first step. Please select the assessment below and submit your form. A music therapist will call you directly to schedule the assessment. After the assessment is completed, you may choose to have your child participate in a full music season.</p> <p><b>Cancellations</b> 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.</p> <table border="1"> <thead> <tr> <th style="text-decoration: underline;">Register for:</th> <th style="text-decoration: underline;">Ages</th> <th style="text-decoration: underline;">Time/Day</th> </tr> </thead> <tbody> <tr> <td>▶ <input type="checkbox"/> \$80 Music Therapy Assessment</td> <td>Up to 21</td> <td>One time for 45 min. , any time of the year</td> </tr> <tr> <td>▶ <input type="checkbox"/> \$315 1:1 Music Therapy</td> <td>Up to 21</td> <td>Weekly for 6 weeks, Tuesday - Sunday for 30 min.</td> </tr> <tr> <td>▶ <input type="checkbox"/> \$210 1:1 Adapted Music Education</td> <td>4-21</td> <td>Weekly for 6 weeks, Tuesday - Sunday for 30 min.</td> </tr> </tbody> </table> <p>Preferred therapist/teacher: _____ Preferred instrument: _____</p> <p>Preferred Day/Times: Tuesday – Friday (3:00-7:00pm), Saturday – Sunday (8:30am – 3:30pm): e.g. Thursday @ 4pm</p> <table border="1"> <tr> <td>1<sup>st</sup> choice:</td> <td>2<sup>nd</sup> choice:</td> <td>3<sup>rd</sup> choice:</td> </tr> </table>	Register for:	Ages	Time/Day	▶ <input type="checkbox"/> \$80 Music Therapy Assessment	Up to 21	One time for 45 min. , any time of the year	▶ <input type="checkbox"/> \$315 1:1 Music Therapy	Up to 21	Weekly for 6 weeks, Tuesday - Sunday for 30 min.	▶ <input type="checkbox"/> \$210 1:1 Adapted Music Education	4-21	Weekly for 6 weeks, Tuesday - Sunday for 30 min.	1 <sup>st</sup> choice:	2 <sup>nd</sup> choice:	3 <sup>rd</sup> choice:
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Section H      Registration for DANCE THEATRE CAMP program
<p><b>1-week program: Monday – Friday (August 27 – August 31); 9:00 – 4:00pm</b></p> <p style="text-align: right;"><b>Ages: 13-21</b></p> <p>Move, dance and act within the magical, late summer backdrop of Spiral Garden. Camp participants will enjoy being creative together through a playful exploration of movement, dance, drama and visual arts. At the end of the week, participants will share in a performance to celebrate as a social opportunity for self-expression.</p> <p><b>Register for:</b></p> <p>▶ <input type="checkbox"/> \$300 Dance Theatre Camp</p>

Registrant (Child) Name (please print): \_\_\_\_\_

**Section I Registration for SPIRAL GARDEN program**

**Four sessions (A, B, C, D) – 9 days each from 9:00am – 4:00pm** **Ages: 6-21**

- Eligibility and registration instructions**
- Participants must be 6 years old on or before December 31, 2018.
  - New participants with special needs must attend a Program Screening Visit before their spot is confirmed.
  - A family may be required to provide their own 1:1 support before their spot is confirmed.
  - If you are able to attend more than one session, please rank them in Order of Preference (e.g. “1”, “2”, etc.).
  - A spot can be reserved until May 25, 2018, while arranging for 1:1 support and/or funding.

**NEW! One-week registrations**

A limited number of one-week registrations spots may be available only for the first week of each session. If you are interested, please indicate your choice below (options A1, B1, C1 and D1). We will be evaluating our ability to meet the demand for one-week registrations in each session, and cannot guarantee availability for everyone who registers.

*Note: Holland Bloorview 1:1 Support is only available for two-week sessions (A, B, C or D)*

<u>Register for Spiral Garden:</u>	<u>Dates</u>	<u>Preference</u>
▶ <input type="checkbox"/> \$450 Spiral Garden Session A	9 days: July 3-6 and 9-13	_____
▶ <input type="checkbox"/> \$200 Spiral Garden Session A1	4 days: July 3-6 (Tues – Fri)	_____
▶ <input type="checkbox"/> \$500 Spiral Garden Session B	10 days: July 16-20 and 23-27	_____
▶ <input type="checkbox"/> \$250 Spiral Garden Session B1	5 days: July 16-20 (Mon – Fri)	_____
▶ <input type="checkbox"/> \$400 Spiral Garden Session C	8 days: July 31-August 3 and 7-10	_____
▶ <input type="checkbox"/> \$200 Spiral Garden Session C1	4 days: July 31-August 3 (Tues – Fri)	_____
▶ <input type="checkbox"/> \$500 Spiral Garden Session D	10 days: August 13-17 and 20-24	_____
▶ <input type="checkbox"/> \$250 Spiral Garden Session D1	5 days: August 13-17 (Mon – Fri)	_____

**JULY**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**AUGUST**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

▶ How many sessions do you want your child to attend in total? \_\_\_\_\_

**1:1 Support for Spiral Garden**

Participants must be able to navigate the program independently, or have 1:1 support. The program provides a limited number of 1:1 staff workers and volunteers to support participants aged 6-18, for free. Volunteers may only facilitate the child’s participation in activities, and do not assist with eating, toileting, or personal care. 1:1 support is available on a first-come-first-served basis and only for one session. Families may also send their own 1:1 support (must be at least 16 years old). Your child must have an appropriate level of support secured before their spot is confirmed.

- ▶ Does your child require 1:1 support?  YES  NO
- If YES, what kind of support are you requesting:
- ▶ Holland Bloorview 1:1 Staff Worker  YES  NO
  - ▶ Holland Bloorview 1:1 Volunteer  YES  NO
  - ▶ We will provide our own 1:1 support  YES  NO
  - ▶ We may be able to provide our own 1:1 support  YES  NO

***Note: Holland Bloorview 1:1 Support Worker and Volunteers are only available for two-week sessions (A, B, C or D)***

Registrant (Child) Name (please print): \_\_\_\_\_

**Section J 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
- 2. Funding - I have applied for other funding
- 3. Cheque # \_\_\_\_\_ Cheque date \_\_\_\_\_
- 4. Cash \$ amount \_\_\_\_\_
- 5. Credit Card:     Mastercard     VISA     AMEX

Contact the **Holland Bloorview Warmline** to learn about Ontario funding for recreation and respite.  
1-877-463-0365  
[resourcecentre@hollandbloorview.ca](mailto:resourcecentre@hollandbloorview.ca)

Credit card # \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on the card \_\_\_\_\_

Signature \_\_\_\_\_

**Section K What happens next?**

Submit your form using the information on the right. You will receive a confirmation and receipt in the mail, or a phone call if more information or if Participant Screening Visit is required.

- Payments will be processed with your registration confirmation
- If you are applying for funding, your spot may be reserved until May 25, 2018. Please apply for funding as soon as possible.
- Confirmed registrants will begin receiving welcome packages for Spiral Garden by mail in April.

**Please send your form to:**  
Holland Bloorview Kids Rehabilitation Hospital  
c/o Music and Arts  
150 Kilgour Rd.  
Toronto, ON M4G 1R8  
  
Fax: (416) 422-7037

**Section L How did you find out about us?**

- My child has been in a Music and Arts program before
- From my child's healthcare provider
- From another parent/family       From my child's school
- Online (Holland Bloorview website, Facebook, etc.)
- Other:

**Contact Music and Arts:**  
Monday-Friday, 8:30am – 4:30pm  
(416) 425-6220 ext. 3317  
[musicandart@hollandbloorview.ca](mailto:musicandart@hollandbloorview.ca)