Holland Bloorview
Kids Rehabilitation Hospital

FALL 2018-SPRING 2019
MUSIC AND ARTS REGISTRATION FORM

Registration Deadlines

Fall	August 24, 2018
Winter	December 21, 2018
Spring	March 22, 2019

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 **CLIENT PERSONAL INFORMATION** section below, review pages 1-3 and add only any new or updated information.

☐ My child is a returning participant

FOR OFFICE USE
Date received:
Form #:

CLIENT PERSONAL INFORMATION

Client's last name | First name | Middle initial | Date of birth

Client's gender: ☐ Male ☐ Female ☐ Transgender male ☐ Transgender female ☐ Prefer not to answer ☐ Other

Client's address (#, street) | Apartment #

City | Province | Postal code

Primary phone | Alternative phone

Email address for over 14 years of age

Client lives with: ☐ Both parents ☐ Father ☐ Mothers ☐ Guardian ☐ Independent ☐ Group home ☐ Other

HEALTH COVERAGE

Ontario Health Card Number | Version code | Other province

Health card in process: ☐ Y ☐ N

Interim Federal Health Program (IFHP): ☐ Y ☐ N

LANGUAGE PREFERENCE

Family's primary language for communication (check all that apply)

☐ English ☐ Cantonese
☐ French ☐ Spanish
☐ Mandarin ☐ Tamil
☐ Arabic ☐ Other

Are interpreter services required? ☐ Y ☐ N

Can the client/family be supported using phone interpretation? ☐ Y ☐ N

CLIENT/FAMILY CONTACT INFO

Primary contact is: ☐ Parent ☐ Guardian ☐ Other

Parent/legal guardian last name	First name		Middle Initial
Address (if different from client address)		Apartment #	
City	Province	Postal code	
Primary phone		Alternative phone	
Email address		**Preferred communication method:**	☐ Email ☐ Cell phone

Secondary contact is: ☐ Parent ☐ Guardian ☐ Other

Parent/legal guardian last name	First name		Middle Initial
Address (if different from client address)		Apartment #	
City	Province	Postal code	
Primary phone		Alternative phone	
Email address		**Preferred communication method:**	☐ Email ☐ Cell phone

Community agencies currently involved:	**Agency** (e.g. Child Protection Services etc.)	**Professional** (e.g. occupational therapy, physiotherapist, etc.)

MEDICAL INFORMATION

Allergies and Medication

Does this client require infectious disease precautions?

☐ Y ☐ N

If YES, please describe:

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:

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:
(Please send all communication aids with your child)

"Yes" by (please describe):

"No" by (please describe):

Seizures, Pain Management and Special Considerations

(5) Behaviour

While in a program, could your child:

☐ YES ☐ NO Get overwhelmed by loud/sudden noises?
☐ YES ☐ NO Get overwhelmed by large groups of people?
☐ YES ☐ NO Try to run away or leave the group/activity?
☐ YES ☐ NO Harm themselves?
☐ YES ☐ 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?

(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):

MUSIC Programs

Dates will vary from program to program, within these periods which include the make-up (MU) date:

FALL: Sep 8-Dec 16(12 wks + MU) **WINTER:** Jan 12-Apr 14 (10 wks + MU) **SPRING:** Apr 28-Jun 22 (6 wks + MU)

For all new participants, a Music Therapy Assessment is required as the first step. Select the Assessment below and submit your form. A music therapist will call you directly to schedule the assessment. After the assessment is complete, you may choose to have your child participate in a full music season.

Cancellations

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.

Ages	Program name	Time/Day	Costs		
			Fall	Winter	Spring
Up to 21	Music Therapy Assessment	Up to 45 mins.	☐ $80	☐ $80	☐ $80
Up to 21	1:1 Music Therapy	30 mins, see below	☐ $630	☐ $525	☐ $315
4-21	1:1 Adapted Music Education	30 mins, see below	☐ $420	☐ $350	☐ $210
Up to 7	Music Together Within Therapy	SAT, 10:00-10:45am	☐ $360	☐ $300	☐ $180
7-14	Holland Bloorview Glee (group)	TUES, 6:00-6:45pm	n/a	☐ $280	☐ $170
14-18	Let's Jam! (group)	TUES, 7:15-8:00pm	n/a	☐ $280	☐ $170
7- 13	Music Therapy Group A	SAT, 11:15am-12:00pm	☐ $335	☐ $280	☐ $170
13-21	Music Therapy Group B	SAT, 11:15am-12:00pm	☐ $335	☐ $280	☐ $170
9-18	Holland Bloorview Rocks! (group)	TUES, between 6 & 8:30pm	☐ $ 50	n/a	n/a

Individual (1:1) Music therapy and education

During each season, your child will come to individual programs once per week for 30 minutes.

Preferred therapist/teacher: Preferred instrument:

Preferred Day/Times: TUES - FRI (9:00 am-7:00pm) SAT-SUN (8:30am – 3:30pm) example: Thursday @ 4-4:30pm

1st choice: 2nd choice: 3rd choice:

ART Programs

Dates will vary from program to program, within these periods which include the make-up (M-U) date:

FALL: Sep 8 – Dec 16 (12 wks) **WINTER:** Jan 12 – April 6 (10 wks) **SPRING:** May 4 – Jun 15 (6 wks)

Ages	Program name	Time/Day	Costs		
			Fall	Winter	Spring
17-21	Kindler Project	TUES, 6:30-8:00pm	n/a	☐ Free	n/a
13-21	Drum Circle	THUR, 6:30-8:00pm	☐ $250	☐ $225	☐ $150
13-21	Dance Theatre	FRI, 4:30-6:00pm	☐ $250	☐ $225	☐ $150
4-12	Arts xPress	SAT, 10:30am-12:00pm	☐ $250	☐ $225	☐ $150
6-12	Paint and Clay 1	SAT, 1:00-2:30pm	☐ $250	☐ $225	☐ $150
13-21	Paint and Clay 2	SAT, 3:30-5:00pm	☐ $250	☐ $225	☐ $150
13-21	March Break Dance Camp	MON-FRI, March 11-15, 2018 9:00am-4:00pm	n/a	☐ $300	n/a

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

Credit card # _____ Expiry date _____

Total Amount ($) for Program(s) _____-

_____

Name on the card

_____

Signature _____

Contact the ***Holland Bloorview Warmline*** to learn about Ontario funding for recreation and respite.

1-877-463-0365

resourcecentre@hollandbloorview.ca

What Happens Next?

Submit your form by mail, fax or drop it off in person. For new participants, you will be called to schedule a Music Therapy Assessment or Art Screening Visit. For returning participants, you will receive a confirmation and receipt in the mail, or be placed on the waitlist if the program is full. Please contact us if you have any questions at (416) 425.6220 ext. 3317. ***Thank you!***

Send complete forms to:

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