

Registrant (Child) Name (please print: last, first): \_\_\_\_\_

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Form #: \_\_\_\_\_

## Summer 2020 Program Registration

Our programs take place in many different settings that are sometimes open and busy. We can provide a limited amount of one to one staff support for those 6-18 years of age. If your child is new to Music and Arts you and your child will be asked to come in for an in-person Meet and Greet visit before your spot is confirmed in any of our programs.

This will allow for a better understanding of your child's needs and what programs will best match the support needed for success. It is also a great opportunity to:

- Learn more about the program
- See what your child can expect from their time in the program
- Ask and answer questions

This will help us determine if we can provide a spot for your child in your program of choice with the necessary staff support. We will contact you to set up a time to meet for approximately 30 minutes.

### Registration Opens:

**MUSIC PROGRAM – January 20<sup>th</sup>, 2020**

**SPIRAL GARDEN – January 20<sup>th</sup>, 2020**

Spots are allocated based on the order that completed application forms are received. Applications received after spots have been filled will be held on a waitlist for any available spots. Confirmations will begin going out no later than the week of April 13<sup>th</sup>, 2020.

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:

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**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):

**(5) Behaviour/Coping Patterns:**

Please note: new registrants with special needs for Spiral Garden must come in for a **Meet and Greet** visit (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:

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

**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):

**Section F Important registration information**

- Please see the registration brochure for program descriptions.
- Registration is processed on a first-come-first-served basis.
- If programs are full, your child will be placed on the waitlist for the next available spot.
- Group programs require a minimum number of participants to run.

**Cancellations**

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.

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**Section G Registration for MUSIC Programs**

**Summer music season:** July 6 – August 24, 2020

(Cost and number of weeks vary based on day of the week)

**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.

**Register for:**

**Ages Time/Day**

30 min. sessions: Friday - Sunday

- ▶  \$348 1:1 Music Therapy Up to 21 Weekly for 6 weeks, Friday - Sunday
- ▶  \$231 1:1 Adapted Music Education 4-21 Weekly for 6 weeks, Friday - Sunday

30 min. sessions: Monday – Thursday

- ▶  \$406 1:1 Music Therapy (Fri/Sat/Sun) Up to 21 Weekly for 7 weeks, Monday - Thursday
- ▶  \$269.50 1:1 Adapted Music Education 4-21 Weekly for 7 weeks, Monday - Thursday

45 min. sessions: Friday - Sunday

- ▶  \$528 1:1 Music Therapy Up to 21 Weekly for 6 weeks, Friday - Sunday
- ▶  \$346.50 1:1 Adapted Music Education 4-21 Weekly for 6 weeks, Friday - Sunday

45 min. sessions: Monday - Thursday

- ▶  \$609 1:1 Music Therapy Up to 21 Weekly for 7 weeks, Monday - Thursday
- ▶  \$404.25 1:1 Adapted Music Education 4-21 Weekly for 7 weeks, Monday - Thursday

Preferred therapist/teacher:

Preferred instrument:

Preferred Day/Times: Monday – Friday (10:00am-7:00pm), Saturday – Sunday (8:30am – 3:30pm): e.g. Thursday @ 4pm

1<sup>st</sup> choice:

2<sup>nd</sup> choice:

3<sup>rd</sup> choice:

**2020 Summer Music Schedule**

SAT	SUN	MON	TUES	WED	THURS	FRI
27-Jun	28-Jun	29-Jun	30-Jun	1-Jul	2-Jul	3-Jul
4-Jul	5-Jul	6-Jul	7-Jul	8-Jul	9-Jul	10-Jul
11-Jul	12-Jul	13-Jul	14-Jul	15-Jul	16-Jul	17-Jul
18-Jul	19-Jul	20-Jul	21-Jul	22-Jul	23-Jul	24-Jul
25-Jul	26-Jul	27-Jul	28-Jul	29-Jul	30-Jul	31-Jul
1-Aug	2-Aug	3-Aug	4-Aug	5-Aug	6-Aug	7-Aug
8-Aug	9-Aug	10-Aug	11-Aug	12-Aug	13-Aug	14-Aug
15-Aug	16-Aug	17-Aug	18-Aug	19-Aug	20-Aug	21-Aug
22-Aug	23-Aug	24-Aug	25-Aug	26-Aug	27-Aug	28-Aug
29-Aug	30-Aug	31-Aug	1-Sep	2-Sep	3-Sep	4-Sep

**Section H Registration for SPIRAL GARDEN program**

**Four sessions (A, B, C, D) From 9:00am – 4:00pm**

**Ages: 6-21**

**Eligibility and registration instructions**

- Participants must be 6 years old on or before December 31, 2020.
- New participants with special needs must attend a Program “Meet and Greet” 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 **interested in registering for more than one session**, please rank them in Order of Preference (e.g. “1”, “2”, etc.).

**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)*

<b>Register for Spiral Garden:</b>	<b>Dates</b>	<b>Preference</b>
▶ <input type="checkbox"/> \$550 Spiral Garden Session A	10 days: July 6 – 10 and 13 - 17	_____
▶ <input type="checkbox"/> \$275 Spiral Garden Session A1	5 days: July 6 – 10 (Mon – Fri)	_____
▶ <input type="checkbox"/> \$495 Spiral Garden Session B	9 days: July 21 – 24 and 27 – 31	_____
▶ <input type="checkbox"/> \$220 Spiral Garden Session B1	4 days: July 21 – 24 (Tues – Fri)	_____
▶ <input type="checkbox"/> \$550 Spiral Garden Session C	10 days: August 10 – 14 and 17 - 21	_____
▶ <input type="checkbox"/> \$275 Spiral Garden Session C1	5 days: August 10 – 14 (Mon – Fri)	_____
▶ <input type="checkbox"/> \$495 Spiral Garden Session D	9 days: August 25 – 28 and 21 – Sept 4	_____
▶ <input type="checkbox"/> \$220 Spiral Garden Session D1	4 days: August 25 – 28 (Tues – Fri)	_____

How many sessions are you requesting 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 Workers and Volunteers are only available for two-week sessions (A, B, C or D)**

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**Section I 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.

TOTAL AMOUNT: \_\_\_\_\_

**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 \_\_\_\_\_ Security Code \_\_\_\_\_

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

Signature \_\_\_\_\_

**Section J 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 24, 2020. 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) 753-6013

**Section K 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 – 4:00pm  
(416) 425-6220 ext. 3317  
[musicandart@hollandbloorview.ca](mailto:musicandart@hollandbloorview.ca)