Holland Bloorview
Kids Rehabilitation Hospital

Registrant (Child) Name (please print: last, first): _____
FOR OFFICE USE ONLY: Date Received:_____ Form #:_____

Spiral Garden Summer 2021 Program Registration

We are pleased to offer Spiral Garden, an integrated outdoor art, play, music and garden program for all children. The program activities, site and staffing model are designed to be inclusive so all children can participate successfully. Support can be provided for a set number of children who need support around activities of daily living, medication routines, mobility and self-regulation.

Once again, Spiral Garden is expected to be subject to the provincial guidelines for summer day camps, which are not yet available. Despite our best effort to predict what to expect for this summer, please note that the program details outlined below are conditional on the provincial guidelines that may result in modifications to the program structure and/or operations.

Additionally, there will be construction adjacent to Spiral Garden this summer. Please expect related construction noise, machinery and dust etc.

1. Registration is limited to clients ages 6 – 18 years
2. The program will be offered in-person, on-site for one-week sessions
3. Spiral Garden will be offering full-day programming from 9:00am – 4:00pm
4. We can provide a set number of one to one staff support. 1:1 support will be provided by Holland Bloorview staff and/or volunteers (family-provided support is not permitted at this time)
5. Registration is open to all children with and without special needs. Should suggested group sizes restrict our ability to accommodate applicants, children with special needs will be given priority
6. Programming is designed to be outdoors and may be moved indoors based on extreme weather
7. All recommended COVID-19 screening protocols and personal protective equipment will be implemented for staff and clients

Section A Registration for SPIRAL GARDEN program

July 5 – September 3 9:00am – 4:00pm

Things to Know

- Participants must be 6 years old on or before December 31, 2021
- Registration is open to all children, with options to provide 1:1 support (re. staff/ volunteer assistance to participation)
- Clients can request up to 2 one-week sessions. After all interested participants receive one session, requests for a 2nd week will be considered. Please provide 4 choices. We will aim to offer you your first choice but this cannot be guaranteed.
- Clients will be assigned a week based on staffing levels and ability to accommodate client needs.
- There is a set number of 1:1 staff support. Family-provided support is not permitted at this time.

Please indicate 4 weeks that your child is able to attend; we will make every attempt to accommodate your first or second choice based on staffing and ability to support clients' needs.

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Register for Spiral Garden:	**Dates**	**Preference**
▶ ☐ $300 Spiral Garden Session A	July 5 - 9	_____
▶ ☐ $300 Spiral Garden Session B	July 12 - 16	_____
▶ ☐ $300 Spiral Garden Session C	July 19 - 23	_____
▶ ☐ $300 Spiral Garden Session D	July 26 - 30	_____
▶ ☐ $300 Spiral Garden Session E	August 9 - 13	_____
▶ ☐ $300 Spiral Garden Session F	August 16 – 20	_____
▶ ☐ $300 Spiral Garden Session G	August 23 - 27	_____
▶ ☐ $300 Spiral Garden Session H	August 30 – September 3	_____

After all interested participants have received one session, requests for a 2nd week will be considered.
Are you interested in more than one week? ☐ YES ☐ NO

Section B Registrant (Child) Information*

First Name:		Last Name:	
Age:	Gender:	Birthdate (dd-mm-yyyy):	Healthcard #:
Family Physician Name & Phone #:			

Section C Family Contact Information

(1) Parent/Guardian Name:		
Mailing address:		Email address:
City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:
(2) Parent/Guardian Name:		
Mailing address:		Email address:
City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:
(3) Emergency Contact Name:		
Home phone:	Work phone:	Cell phone:

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Section D Allergies and Medication

Does your child have any allergies?	☐ YES ☐ NO
If yes, what is the treatment for an allergic reaction?	
My child will have an EpiPen with them in the program?	☐ YES ☐ NO
My child will be taking medication while in the program?	☐ YES ☐ NO
If yes, please describe the medication.	

Section E Support Needs Information

Please provide the following details to assist us in determining the level of support required for your child.

Clients who require 1:1 support to participate successfully in this outdoor program will be provided a Holland Bloorview staff or volunteer, based on availability.

(1) What types of activities does your child like doing?

What are some of their favourite things to do?

What are some of their routines for comfort: Favourite book, toy, song, active/quiet, tactile/sensory, other

(2) Diagnosis or Special Need(s):

(3) Mobility: Is your child at risk of falling? (eg. Fallen in the last three months as a result of diagnosis) ☐ YES ☐ NO

My child uses and/or needs: ☐ support when walking ☐ a walker wheelchair: ☐ manual ☐ **e**lectric/power ☐ hand-over-hand assistance ☐ splints/orthotics – if YES, when?

My child needs an assistive device for lifts and transfers (eg. Hoyer lift, sling, etc.) ☐ YES ☐ NO

(4) 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):

(5) Eating: Does your child need assistance eating? ☐ YES ☐ NO
If yes, what type of assistance is needed? (please send all food/equipment your child requires)
(6) Communication: Does your child need assistance communication? ☐ YES ☐ NO
My child communicates: ☐ verbally ☐ with gestures ☐ with sign language: ☐ with pictures ☐ with an assistive device/book:

(7) Behaviour/Coping Patterns: When in 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 Harm others? ☐ YES ☐ NO Participate without support? ☐ YES ☐ NO **Put non-food items in mouth t**hat could be a choking hazard? e.g., clay, paint, small objects, fabric
Please briefly describe any triggers of your child's behavior and what strategies you find to be helpful.	
Have there been any recent and major changes in your child's life? If YES, please describe:	

Section F Seizures, Pain Management and Special Consideration

(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?

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(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):
Do you feel that your child needs one to one support to be safe and successful in this outdoor program? ☐ YES ☐ NO

Section G 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

Credit Card #	Expiry Date	Security Code
Name on the card		
Signature		

Section H 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.	**Please send your form to:** Holland Bloorview Kids Rehabilitation Hospital
Payments will be processed with your registration confirmation	

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If you are applying for funding, please apply for funding as soon as possible. Payment may be required prior to approval, in which case you funding would act as reimbursement	c/o Music and Arts 150 Kilgour Rd. Toronto, ON M4G 1R8 Fax: (416) 753-6013

Section I How did you find out about us?

☐ My child has been in a Music and Arts program before	**Contact Music and Arts:** Monday-Friday, 8:30am – 4:00pm (416) 425-6220 ext. 3317 musicandart@hollandbloorview.ca
☐ From my child's healthcare provider	
☐ From another parent/family ☐ From my child's school	
☐ Online (Holland Bloorview website, Facebook, etc.)	
☐ Other:	