

## Music & Art WINTER 2022 Program Registration

We are pleased to be able to offer Music & Art programs for the Winter 2022!

Our programs continue to be flexible in response to the ongoing pandemic and accommodate appropriate safety protocols as outlined by the Ministry of Health and Holland Bloorview Kids Rehabilitation Hospital. Please review the following details carefully to learn what is being implemented for client safety.

### Notes:

1. The program may be cancelled or moved to virtual programming at any time due to circumstances surrounding the Covid-19 pandemic.
2. Payment will be processed at the time of confirmation. Request for refunds after this time will be considered on an individual basis.
3. Groups will consist of a maximum of 4 – 6 clients depending on support needs.
4. Registration is for clients up to 18 years. Clients 19-21 years will be considered based on availability.
5. Clients will be required to go through a screening process each day upon arrival.
6. Staff will be donning personal protective equipment throughout the program (eg. Masks, goggles/face shields).
7. Holland Bloorview staff & volunteers will provide client care support. Family-provided support will not be permitted.
8. **Registration is for a maximum of one seasonal session and will have to be re-submitted for each season. Schedules are not guaranteed to remain the same from season to season.**

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:

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

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

**(3) Emergency contact name:**

Home phone:

Work phone:

Cell phone:

**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:

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

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

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

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 others?                 |
| <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

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

(Please send all

communication aids

with your child)

"No" by (please describe):

**(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 Program Selection**

**MUSIC Programs**

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

**Winter:** January 8 – April 9, 11 weeks (*make-up sessions scheduled April 9 as needed*)

*Note: No session on Saturday, February 19 due to Family Day weekend or Saturday, March 12 due to March Break*

**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.

<u>Ages</u>	<u>Program name</u>	<u>Time/Day</u>	<u>Costs</u>
			<b>Winter</b>
Up to 21	1:1 Music Therapy	30 mins, see below	<input type="checkbox"/> \$638
4 - 21	1:1 Adapted Music Education	30 mins, see below	<input type="checkbox"/> \$429
Up to 7	Music Together Within Therapy	SAT, 10:00-10:45am (VIRTUAL ONLY)	<input type="checkbox"/> \$338.25
Up to 7	Music Together Within Therapy	WED, 10:00 – 10:45am	<input type="checkbox"/> \$338.25
7 - 12	Let’s Jam! (group)	TUES, 6:00 – 6:45pm	<input type="checkbox"/> \$330
13 – 21	Holland Bloorview Glee (group)	TUES, 7:15-8:00pm	<input type="checkbox"/> \$330
Up to 5	Rise & Shine Preschool Music Group	SAT, 9:00 – 9:45am	<input type="checkbox"/> \$330
7 – 12	Accentuate the Positive	SAT, 10:00 – 10:45am	<input type="checkbox"/> \$330
13 – 21	Accentuate the Positive	SAT, 11:00 – 11:45am	<input type="checkbox"/> \$330
7 – 12	Accentuate the Positive	WED, 5:15 – 6:00pm	<input type="checkbox"/> \$330
13 – 21	Accentuate the Positive	WED, 6:15 – 7:00pm	<input type="checkbox"/> \$330

**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 (8:30am – 3:30pm)

example: Thursday @ 4-4:30pm

1<sup>st</sup> choice:

2<sup>nd</sup> choice:

3<sup>rd</sup> choice:

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

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

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

**ART Programs**

**Winter:** January 8 – April 9, 10 weeks (*make-up sessions scheduled April 9 as needed*)

*Note: No session Saturday, February 19 due to Family Day*

*No session Saturday, March 12 or Saturday, March 19 due to March Break*

<u>Ages</u>	<u>Program name</u>	<u>Time/Day</u>	<u>Costs</u>
4 - 12	Arts xPress	SAT, 10:30am - 12:00pm	<input type="checkbox"/> \$210
6 – 12	Paint and Clay 1	SAT, 1:00 – 2:30pm	<input type="checkbox"/> \$210
13 – 21	Paint and Clay 2	SAT, 3:30 – 5:00pm	<input type="checkbox"/> \$210
13 - 21	Drum Circle	THUR, 6:30 - 8:00pm	<input type="checkbox"/> \$210

**Section G Virtual Programming**

With consideration of the Covid-19 pandemic, please answer the following questions:

We may be required to use online platforms for video conferencing (eg: Zoom) to enable participation in the program for your child and/or others. Do you consent to be part of the virtual group for your program of choice?

▶  YES  NO

Are you able to connect to a Zoom call from home (or alternate location) in the event that your program must move to a virtual programming format?

▶  YES  NO

**Section H 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 \_\_\_\_\_

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

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

**Section I 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, please apply for funding as soon as possible.

**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 J 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