

Registrant (Child) Name (please print: last, first): _____

FOR OFFICE USE ONLY: Date Received: _____ Form #: _____

Music & Art FALL 2022 Program Registration

We are pleased to be able to offer Music & Art programs for the Fall of 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. **Separate registration is required for the Fall, Winter and Spring seasons. Please be sure to re-register for each season if interested. Schedules for music programs may change from season to season.**

Section A Registrant (Child) Information*			
First name:		Last name:	
Age:	Gender & Pronouns:	Birthdate (dd-mm-yyyy):	Healthcard #:
Family Physician Name and Phone #:			
First time applying?: <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

(2) Parent / Guardian name:		
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:

** Please note, we have limited or potentially no ability to give scheduled medication, but have options for and ability to give emergency 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) 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):

(4) 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

(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:

Fall: September 17 – December 10, 12 weeks (*make-up sessions scheduled December 17th as needed*)

Note: No session on Saturday, October 10th due to Thanksgiving Weekend

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>
			Fall
Up to 18	1:1 Music Therapy	30 mins, see below	<input type="checkbox"/> \$696
4 – 18	1:1 Adapted Music Education	30 mins, see below	<input type="checkbox"/> \$468
Up to 7	Music Together Within Therapy	<input type="checkbox"/> WED, 10:00 – 10:45am <input type="checkbox"/> SAT, 10:00-10:45am (VIRTUAL) <input type="checkbox"/> Sibling Participation	<input type="checkbox"/> \$396 <input type="checkbox"/> \$110
Up to 7	Rise & Shine Preschool Music Group	<input type="checkbox"/> WED, 9:00-9:45 am <input type="checkbox"/> SAT, 9:00 – 9:45 am	<input type="checkbox"/> \$396
7 – 12	Accentuate the Positive	<input type="checkbox"/> WED, 5:15 – 6:00pm (7-12) <input type="checkbox"/> WED, 6:15 – 7:00pm (13-18) <input type="checkbox"/> SAT, 10:00 – 10:45am (7-12) <input type="checkbox"/> SAT, 11:00 – 11:45am (13-18)	<input type="checkbox"/> \$360
9-18	Holland Bloorview Rocks	<input type="checkbox"/> TUES, 6:15-7:00 <input type="checkbox"/> TUES, 7:15-8:00 pm	<input type="checkbox"/> \$375
7 – 12	Let’s Jam! (group)	<input type="checkbox"/> TUES, 6:00 – 6:45pm <input type="checkbox"/> SAT, 10:00-10:45 am	<input type="checkbox"/> \$360
13 – 18	Holland Bloorview Glee (group)	<input type="checkbox"/> TUES, 7:15-8:00pm <input type="checkbox"/> SAT, 11:00-11:45 am	<input type="checkbox"/> \$360
7 – 12	Accentuate the Positive	<input type="checkbox"/> WED, 5:15 – 6:00pm (7-12) <input type="checkbox"/> WED, 6:15 – 7:00pm (13-18) <input type="checkbox"/> SAT, 10:00 – 10:45am (7-12) <input type="checkbox"/> SAT, 11:00 – 11:45am (13-18)	<input type="checkbox"/> \$360

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:

Virtual Programming

In the event that a session is unable to be run in-person, we may be able to offer classes online 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 I AM UNABLE TO CONNECT VIRTUALLY

Registrant (Child) Name (please print: last, first): _____

FOR OFFICE USE ONLY: Date Received: _____ Form #: _____

ART Programs

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

Fall: September 17-December 10, 12 weeks (*make-up sessions scheduled December 17th as needed*)

Note: No session on Saturday, October 10th due to Thanksgiving Weekend

<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"/> \$335
6 - 12	Paint and Clay 1	SAT, 1:00 - 2:30pm	<input type="checkbox"/> \$335
13 - 21	Paint and Clay 2	SAT, 3:30 - 5:00pm	<input type="checkbox"/> \$335
13 - 21	Drum Circle	THUR, 6:30 - 8:00pm	<input type="checkbox"/> \$335

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 _____

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

5. Credit Card: Mastercard VISA AMEX

Credit card # _____ Expiry date _____ Security Code _____

Name on the card _____

Signature _____

I consent for Holland Bloorview to file payment information for this season and understand that payment will only be stored for this season, Fall 2022. I understand I will need to provide payment information for each seasonal application and that once payment has been processed, my payment information will be taken off file and destroyed.

I do not consent for payment information to be provided with this application or kept on file and would like to be contacted via phone at the time of payment to provide credit card details.

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.

- Confirmations will be sent by September 9th
- Payments will be processed no later than September 16th
- **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