

Music & Art FALL 2020 Program Registration

We are pleased to be able to offer Music & Art programs for the FALL of 2020!

To accommodate appropriate safety protocols as outlined by the Ministry of Health and to integrate Holland Bloorview policies, our programs will look slightly different this year. While it is our goal to maintain the same great quality and experience, please review the following details carefully to learn what is being implemented for client safety.

1. Groups will consist of a maximum of 4 – 6 clients depending on support needs.
2. Clients will be required to go through a screening process each day upon arrival.
3. Staff will be donning personal protective equipment throughout the program (eg. Masks, goggles/face shields).
4. Where appropriate and able, clients will be required to wear masks for the duration of the program.
5. For any indoor singing activities to occur, both staff and clients will need to wear masks. If it is not possible for clients to wear a mask, staff will offer alternative music options, such as percussion.
6. Holland Bloorview staff & volunteers will provide client care support. Family-provided support will not be permitted.
7. Programs may be cancelled or moved to virtual programming options at any time due to circumstances surrounding the Covid-19 pandemic.
8. **Registration is for one seasonal session and will have to be re-submitted for future Winter & Spring seasons.**

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*		
(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:

(3) Emergency contact name:

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

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

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):

(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):

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:

- 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 things in mouth that are not food

What types of activities does your child like doing?

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 does your child need from the staff to be safe and successful in a program of this type?

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 26 – December 14 (10 weeks)

Note: No session Saturday, October 10 – Monday, October 12 due to Thanksgiving Holiday

Cancellations

One-to-one music lessons and therapy sessions require 24-hour cancellation notice to reschedule, otherwise the session is forfeited. 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>In-Person</u>	<u>Virtual</u>	<u>Costs</u>
Up to 21	1:1 Music Therapy	30 mins, see below	Y	Y	<input type="checkbox"/> \$ 550
4 - 21	1:1 Adapted Music Education	30 mins, see below	Y	Y	<input type="checkbox"/> \$ 367.50
Up to 6	Music Together Within Therapy	SAT, 10:00-10:45am VIRTUAL ONLY	N	Y	<input type="checkbox"/> \$ 360
Up to 6	Music Together Within Therapy	WED, 11:00 – 11:45am VIRTUAL ONLY	N	Y	<input type="checkbox"/> \$ 360
12 – 21	Holland Bloorview Glee (group)	TUES, 6:45 – 7:30pm	Y	Y	<input type="checkbox"/> \$ 295
7 - 12	Let's Jam! (group)	TUES, 5:45 – 6:30pm	Y	Y	<input type="checkbox"/> \$ 295
13 – 21	Accentuate the Positive	SAT, 11:00 – 11:45am	Y	Y	<input type="checkbox"/> \$ 295
7 – 12	Accentuate the Positive	WED, 2:00 – 2:45pm	Y	Y	<input type="checkbox"/> \$ 295
13 – 21	Accentuate the Positive	FRI, 2:00 – 2:45pm	Y	Y	<input type="checkbox"/> \$ 295

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:

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 26 – December 12

Note I: No session Saturday, October 10th due to Thanksgiving Holiday

Note II: New clients will be required to participate in a Zoom Meet & Greet session. This replaces the previous in-person visits.

<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"/> \$ 240
13 – 21	Paint and Clay 2	SAT, 1:30 – 3:00pm	<input type="checkbox"/> \$ 240
13 – 21	Drum Circle	THUR, 6:30-8:00pm	<input type="checkbox"/> \$ 240
6 - 12	Paint and Clay 1	FRI, 4:30 – 6:00pm	<input type="checkbox"/> \$ 240

Section G Virtual Programming

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

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

Are you interested in continuing services for the remainder of the session in the event that your program must move from in-person 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

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 call is required.

- Payments will be processed with your registration confirmation
- If you are applying for funding, your spot may be reserved until September 26, 2020. 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