

Holland Bloorview **FIRST**[®] Robotics Program

Welcome to **Holland Bloorview FIRST[®] Robotics** program. This registration application **must** be filled out by each applicant. This program is intended for children and youth ages 6-14 years of age. We do not provide 1:1 support for participants. Families will be asked to provide support if that is required for your child to participate. If your child is new to Robotics, you and your child will be asked to come in for a 1 hour in-person intake interview before your spot is confirmed in any of our program. If you are a returning client, a therapist will set up a phone intake to review any changes in your child's current environment. **Deadline for submitting form: August 30, 2019.**

If you have any questions regarding this application or program please contact:

Lynn Rampertab
Robotics Coordinator
Phone Number (416) 425-6220, ext. 3704
Fax Number (416) 425-9177

Section A – Application to programs Check only the program(s) you wish to apply to:

<u>Program</u>	<u>Ages</u>	<u>Time/Dates</u>
<input type="checkbox"/> Girls in STEM	6-14	Tuesday 5:30 -7:30 pm, Oct 1,8,15,22,29 Nov 5
<input type="checkbox"/> Junior Program	6-10	Wednesday 5:30 -7:30 pm, Oct 2,9,16,23,30 Nov 6
<input type="checkbox"/> Intermediate Program	10-14	Sunday 10am–12pm Sept.29, Oct 6,20,27 Nov 3,10

Eligibility:

- Children must be the appropriate age to participate in the program or be turning that age during the program. Children participating on a FLL Jr. Team **must** meet the age requirements to participate in the program.
- Participants must be interested and able to safely and successfully participate in a structured 2-hour **large** group program.
- Participants must have already identified a way of accessing a computer and/or their speech generating device. This may require an appointment with our Assistive Technology Specialist.
- A family may be required to provide their own 1:1 support before their spot is confirmed.

Section B – Registrant (Child) Information*

First name:		Last name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy):	Health Card Number (include version)	

Is your child currently a client of Holland Bloorview? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of School and Grade:
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Has you/your child participated in one of our programs before? No Yes

If yes, please write the names of the programs and staff you worked with:

Do you give permission for our team to contact any of the above employees regarding this application?

No Yes

Section C – Family Contact Information*

(1)Parent/Guardian name:

Mailing Address (#, Street, Unit #):

City/Town:	Province:	Postal Code:
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Email:

Home phone:	Work phone:	Cell phone:
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(2)Parent/Guardian name:

Mailing Address (#, Street, Unit #):

City/Town:	Province:	Postal Code:
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Email:

Home phone:	Work phone:	Cell phone:
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Section D – Description of disability/health condition

Name of disability/health condition <small>(diagnosis)</small>	Do you have any other diagnoses? <input type="checkbox"/> Learning disability <input type="checkbox"/> Vision loss <input type="checkbox"/> Hearing loss <input type="checkbox"/> Other (please specify)
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Can your child use a standard keyboard and mouse? If not, what equipment is needed?
No Yes

Are there any concerns with being able to pick up, build with or manipulate Lego pieces?
No Yes Comments: _____

<p>How do you/your child communicate? <input type="checkbox"/>Verbally <input type="checkbox"/>Alternate method (please specify)</p>	<p>Do you/your child require assistance with personal care? (e.g. toileting) <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>Will you require medication during the program hours? <input type="checkbox"/>No <input type="checkbox"/>Yes</p>
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<p>Assistive devices <input type="checkbox"/>None <input type="checkbox"/>Walker <input type="checkbox"/>Manual wheelchair</p>	<p><input type="checkbox"/>Power wheelchair <input type="checkbox"/>Scooter <input type="checkbox"/>Other, please specify</p>
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Does your child require 1:1 assistance/ supervision to participate in activities?
No Yes If yes, **Please explain the type and frequency of support required:**

Please note that 1:1 support (medical or behavioural) is not provided for these programs. In some programs we can accommodate a 1:1 worker but it in all cases it is the participant's responsibility to schedule and pay for the worker.

Behaviours/Coping Patterns

Does your child have any behavioural needs i.e. potential harm to others or self, or the potential to wonder or leave a program area?

No Yes Get overwhelmed by loud/sudden noises?

No Yes Try to leave the group/activity area?

No Yes Harm themselves?

No Yes Harm others?

No Yes 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:

Section E -Goals

Why do you/your child want to attend this robotics program?

Please list 1 or 2 specific goals related to the program. (examples: skills you would like to learn, experiences you want to have, social goal, participation goal, learn knowledge STEM)

Do you have past experience with FIRST Lego League:

Do you have past experience using Robotics:

Section F – Seizures & Pain Management

(1)Seizures: Does your child experience seizures? Yes No Date of last seizure:(dd-mm-yy)

What does a seizure look like (type, frequency, triggers, etc.)?

Will your child seizure medications with them in the program? Yes No

(2)Pain: How will your child let us know they are experiencing pain?

Section G – Referral source - How did you hear about our programs?

- | | | |
|---|---|--|
| <input type="checkbox"/> Flyer in mail | <input type="checkbox"/> From friend/family | <input type="checkbox"/> Holland Bloorview website |
| <input type="checkbox"/> Recreation, Respite & Life Skills Fair | <input type="checkbox"/> Holland Bloorview service provider | <input type="checkbox"/> Facebook or twitter |
| | <input type="checkbox"/> School | <input type="checkbox"/> Other, please specify |

Section H: Verification and signature

I verify that the information that has been given in this application is complete and accurate to the best of my knowledge.

Applicant signature: _____ Date (dd/mm/yy): _____

Section I: Payment Information

Select a payment method in order for your registration form to be processed. Payment may be made by cash, cheque, or credit card.

TOTAL AMOUNT: _____

I would like to pay by:

1. Cheque # _____ Cheque Date _____

2. Cash \$ amount _____

3. Credit Card: MasterCard Visa AMEX

Credit card #: _____ Expiry Date _____

Name on Card _____

Signature _____

Cancellation Policy

A \$25 administrative fee will be charged for cancellations. Participants will be charged the full program fee if they cancel less than one week before the program start date.

Section J – What happens next?

Submit your form using the information below. You will receive a confirmation and receipt in the mail, or a phone call if more information is required. You will be contacted for a participant screening appointment.

- Payments will be processed with your registration confirmation.
- If you are applying for family funding, funding must be received before for start of the program.

Please return this form to:

Holland Bloorview Kids Rehabilitation Hospital | Participation & Inclusion

Attention: Lynn Rampertab | 150 Kilgour Road, ON M4G 1R8 | Fax: 416.425-9177

Email: lrampertab@hollandbloorview.ca