

Registration Deadlines

Fall August 13, 2019
Winter December 9, 2019
Spring March 17, 2020

Returning participants

If your child has participated in Music and Arts programs before, you do not need to complete the entire form. Please complete the **CLIENT PERSONAL INFORMATION** section below, review pages 1-3 and add only any new or updated information.

My child is a returning participant

FOR OFFICE USE

Date received:

Form #:

CLIENT PERSONAL INFORMATION

Client's last name First name Middle initial Date of birth

CLIENT/FAMILY CONTACT INFO

Primary contact is: Parent Guardian Other

Client's address (#, street) Apartment #

City Province Postal code

Primary phone Alternative phone

Email address for over 14 years of age

Client lives with: Both parents Father Mothers Guardian Independent Group home Other

HEALTH COVERAGE

Ontario Health Card Number Version code Other province

Health card in process: Y N

Interim Federal Health Program (IFHP): Y N

LANGUAGE PREFERENCE

Family's primary language for communication (check all that apply)

- English Cantonese
 French Spanish
 Mandarin Tamil
 Arabic Other

Are interpreter services required? Y N

Can the client/family be supported using phone interpretation? Y N

Parent/legal guardian last name	First name	Middle Initial
Address (if different from client address)		Apartment #
City	Province	Postal code
Primary phone	Alternative phone	
Email address	Preferred communication method:	<input type="checkbox"/> Email <input type="checkbox"/> Cell phone

Secondary contact is: Parent Guardian Other

Parent/legal guardian last name	First name	Middle Initial
Address (if different from client address)		Apartment #
City	Province	Postal code
Primary phone	Alternative phone	
Email address	Preferred communication method:	<input type="checkbox"/> Email <input type="checkbox"/> Cell phone

Community agencies currently involved:	Agency (e.g. Child Protection Services etc.)	Professional (e.g. occupational therapy, physiotherapist, etc.)
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CLIENT MEDIA CONSENT

Occasionally, we receive requests from media sources to highlight clients and services. Please indicate if you interested in being contacted regarding these opportunities when they arise.

Yes No

MEDICAL INFORMATION

Allergies and Medication

Does this client require infectious disease precautions?

Y N

If YES, please describe:

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:

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?

requires)

(Please send all food/equipment 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:

(Please send all communication aids with your child)

“Yes” by (please describe):

“No” by (please describe):

(5) Behaviour

While in a program, could your child:

YES NO Get overwhelmed by loud/sudden noises? YES NO Harm themselves?
 YES NO Get overwhelmed by large groups of people? YES NO Participate without support?
 YES NO Try to run away or leave the group/activity?

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?

(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?

Seizures, Pain Management and Special Considerations

(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):

MUSIC Programs

Dates will vary from program to program, within these periods which include the make-up (MU) date:
FALL: Sep 7-Dec 20 (14 wks + MU) **WINTER:** Jan 6-Apr 9 (12 wks + MU) **SPRING:** Apr 14-Jun 25 (10 wks + MU)

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.

Ages	Program name	Time/Day	Costs		
			Fall	Winter	Spring
Up to 21	1:1 Music Therapy	30 mins, see below	<input type="checkbox"/> \$770	<input type="checkbox"/> \$660	<input type="checkbox"/> \$550
4 - 21	1:1 Adapted Music Education	30 mins, see below	<input type="checkbox"/> \$515	<input type="checkbox"/> \$440	<input type="checkbox"/> \$365
Up to 7	Music Together Within Therapy	SAT, 10:00-10:45am	<input type="checkbox"/> \$440	<input type="checkbox"/> \$380	<input type="checkbox"/> \$315
Up to 7	Music Together Within Therapy	WED, 11:00 – 11:45am	<input type="checkbox"/> \$440	<input type="checkbox"/> \$380	<input type="checkbox"/> \$315
Up to 7	Music Together Within Therapy	WED, 1:00pm – 1:45pm	<input type="checkbox"/> \$440	<input type="checkbox"/> \$380	<input type="checkbox"/> \$315
7 - 12	Holland Bloorview Glee (group)	THURS, 6:00-6:45pm	<input type="checkbox"/> \$415	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
13 – 21	Holland Bloorview Glee (group)	THURS, 7:15pm – 8:00pm	<input type="checkbox"/> \$415	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
7 - 12	Let’s Jam! (group)	TUES, 6:00 – 6:45pm	N/A	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
13 – 21	Let’s Jam! (group)	TUES, 7:15-8:00pm	N/A	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
7 – 12	Accentuate the Positive	SAT, 10:00 – 10:45am	<input type="checkbox"/> \$415	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
13 – 21	Accentuate the Positive	SAT, 11:00 – 11:45am	<input type="checkbox"/> \$415	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
7 – 12	Accentuate the Positive	WED, 5:15 – 6:00pm	<input type="checkbox"/> \$415	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
13 – 21	Accentuate the Positive	WED, 6:15 – 7:00pm	<input type="checkbox"/> \$415	<input type="checkbox"/> \$355	<input type="checkbox"/> \$295
9 - 18	Holland Bloorview Rocks! (group)	TUES, between 6 & 8:30pm	<input type="checkbox"/> \$ 375	n/a	n/a

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

ART Programs

1st choice: _____ 2nd choice: _____ 3rd choice: _____

Dates will vary from program to program, within these periods which include the make-up (M-U) date:
FALL: Sep 7 – Dec 20 (12 wks) **WINTER:** Jan 6 – April 9 (8 wks) **SPRING:** April 14 – Jun 25 (9 wks)

Ages	Program name	Time/Day	Costs		
			Fall	Winter	Spring
17 - 21	Kindler Project	TUES, 6:30-8:00pm	n/a	<input type="checkbox"/> Free	n/a
13 - 21	Drum Circle	THUR, 6:30-8:00pm	<input type="checkbox"/> \$285	<input type="checkbox"/> \$190	<input type="checkbox"/> \$215
13 - 21	Dance Theatre	FRI, 4:30-6:00pm	<input type="checkbox"/> \$285	<input type="checkbox"/> \$190	<input type="checkbox"/> \$215
4 - 12	Arts xPress	SAT, 10:30am-12:00pm	<input type="checkbox"/> \$285	<input type="checkbox"/> \$190	<input type="checkbox"/> \$215
6 - 12	Paint and Clay 1	SAT, 1:00-2:30pm	<input type="checkbox"/> \$285	<input type="checkbox"/> \$190	<input type="checkbox"/> \$215
13 - 21	Paint and Clay 2	SAT, 3:30-5:00pm	<input type="checkbox"/> \$285	<input type="checkbox"/> \$190	<input type="checkbox"/> \$215
13 - 21	March Break Dance Camp	MON-FRI, March 16 - 20, 2019 9:00am-4:00pm	n/a	<input type="checkbox"/> \$315	n/a

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.

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 # _____

Total Amount (\$) for Program(s) _____

Name on the card _____

Signature _____

<p>What Happens Next?</p> <p>Submit your form by mail, fax or drop it off in person. You will receive a confirmation email summarizing the program registration and fee, or be placed on the waitlist if the program is full. Please contact us if you have any questions at (416) 425.6220 ext. 3317. Thank you!</p>	<p>Send complete forms to:</p> <p>Holland Bloorview Kids Rehabilitation Hospital c/o Music and Arts 150 Kilgour Rd Toronto, ON M4G 1R8 Fax: (416) 422-7037</p>
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