



Specialized Services
for Children & Youth
Together Is Better

Rehabilitation Centre for Children
1155 Notre Dame Avenue
Winnipeg, MB, Canada R3E 3G1
Tel: (204) 452-4311 Fax: (204) 477-5547
Web: www.rccinc.ca email: info@rccinc.ca



REHABILITATION
CENTRE FOR
CHILDREN

RBC Therapeutic Recreation and Wellness Program

Music therapy Registration

Name of Participant: _____ Date of Birth: _____

6-digit MB Health #: _____ Age: _____

9-digit PHIN: _____

Parent Information:

Parents/Guardian: _____ Address: _____

Check one Foster Parents

Legal Guardian/Parent

Home Phone #: _____

Work/Cell Phone #: _____

Email (optional): _____

Legal guardian name, Phone # and Fax #: _____

(if different from above)

Music Therapy Sessions:

Please check off all sessions (fall, winter, spring) you are interested in attending. To make this program accessible to a larger number of families, we will be using a rotating system. Prior to each session starting, we will confirm if you have a spot.

Fall (Oct 14 – Dec 9; no class Nov 11) _____ Winter (Jan-Mar) _____ Spring (April-May) _____

Please check off all programs you would like your child to attend. Once all registrations have been received, they will be reviewed by the music therapists, and you will be notified of which session you have been placed in. We do our best to group children who are developmentally similar.

| | |
|---|-----------------------------------|
| 2 – 4 years; 9:30 -10:00 _____ | 3 – 5 years; 9:30 – 10:00 _____ |
| 2 – 4 years; 10:00 – 10:30 _____ | 6 – 9 years; 10:00 – 10:45 _____ |
| 5 – 7 years; 10:45 – 11:30 _____ | 9 – 12 years; 11:00 – 11:45 _____ |
| 12 – 21 years Guitar Instruction Group; 12:00 – 12:45 _____ | |
| 12 – 21 years; 12:45 – 1:30 _____ | |
| 12 – 21 years Guitar Jam Group; 1:30 – 2:15 _____ | |



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INFORMATION ABOUT THE PARTICIPANT:

1. Is your child sensitive to anything (sounds, touch, visual...)?

2. Are there any behaviors we should be aware of for the group? Is there anything that helps or makes these worse?

3. Do you have any goals for your child in the group?

Please return the completed registration form to Yvonne Kash at the Rehab Centre for Children, via fax (204-477-5547) or mail (1155 Notre Dame Ave, Wpg MB R3E 3G1). If you have any questions please do not hesitate to contact her at (204) 258-6500 or email yvonnek@rccinc.ca.

I, _____ (legal guardian), give permission to RCC staff to share this registration form with Abigail Graff and Rachel MacEwan, music therapists, and share information between RCC – LIFE program, Abigail, and Rachel during the sessions.

Parent/Guardian Signature: _____

Date: _____