



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

**For Office Use Only**  
Received on: \_\_\_\_\_

**RBC Therapeutic Recreation and Wellness Program**

**Music therapy Registration**

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
6-digit MB Health #: \_\_\_\_\_ 9-digit PHIN: \_\_\_\_\_

**Parent Information:**

Parents/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Work/Cell Phone #: \_\_\_\_\_  
Email (optional): \_\_\_\_\_

Check one  Foster Parents  
 Legal Guardian/Parent

**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 13 – Dec 8; no class Nov 10)** \_\_\_\_\_ **Winter (Jan-Mar)** \_\_\_\_\_ **Spring (April-May)** \_\_\_\_\_

Please check off all programs that are suitable for you and your child. Once all registrations have been received, they will be reviewed by our 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 _____	3 – 5 years; 10:00 – 10:30 _____
5 – 7 years; 10:45 – 11:30 _____	6 – 9 years; 10:45 – 11:30 _____
12 – 21 years Beginner Guitar Instruction; 12:00 – 12:45 _____	9 – 12 years; 12:00 – 12:45 _____
12 – 21 years; 12:45 – 1:30 _____	5 – 7 years; 12:45 – 1:30 _____
12 – 21 years Intermediate Guitar Instruction; 1:30 – 2:15 _____	



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INFORMATION ABOUT THE PARTICIPANT:

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

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

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

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Please return the completed registration form to Dominique Gagne 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 [dgagne@rccinc.ca](mailto:dgagne@rccinc.ca).

I, \_\_\_\_\_ (legal guardian), give permission to RCC staff to share this registration form with Erica Wiebe, Rachel MacEwan, and Breanna Uskiw, music therapists, and share information between RCC – LIFE program, Erica, and Rachel during the sessions.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_