

REGISTRATION FORM:

Please complete the following information and return this form to enroll you child.

Child Name: _____

DOB: _____

Parent/ carer name(s): _____

Contact number(s): _____

Address: _____

School / Kinder: _____

Diagnosis (if any): _____

Funding (if any): _____

NDIS self-managed and plan managed funds accepted.

NDIS number (if applicable): _____

Plan Manager details (if applicable): _____

Allergies (children may bring a snack each day): _____

Medical conditions (ie. Asthma, epilepsy, etc.): _____

Child's interests and other relevant information about them: _____

In order to ensure we are aware of your child's limits and prepared to best support them, please answer the following questions as accurately as possible.

Language

Does your child speak fluent English?

☐ Yes

☐ No

Does the child have moderate to high language skills?

☐ Yes

☐ No

Does the child have moderate to high verbal intelligence?

☐ Yes

☐ No

Comments: _____

Emotional Regulation:

Does your child often become upset to the point of a meltdown?

☐ Yes

☐ No

Does your child ever become physically or verbally aggressive towards others?

☐ Yes

☐ No

Does your child attempt to abscond when upset?

☐ Yes

☐ No

Comments: _____

Common triggers: _____

Helpful calming techniques: _____

Social Skills:

Please tick your child's main areas of difficulty-

☐

Making friends

☐

Keeping friends

☐

Playing cooperatively

☐

Starting or maintaining conversation

☐

Playing imaginatively

☐

Following others lead

☐

Sharing

☐

Turn taking

☐

Perspective taking

☐

Winning/ losing

☐

Reading social cues

Comments or other areas of difficulty: _____

CONSENT FORM

Please tick the boxes below to show you agree to the following:

- ☐ I give permission for my child to attend all (5) planned sessions for this group.
- ☐ I understand the pricing for the group and that a **non-refundable deposit of \$105 is required** to secure my child's place and cover the cost of my copies of the Galaxy Guide 2-book pack and access to the All About Emotions - Parent Online Workshop (4 hours, self-paced) which will be provided ahead of time.
- ☐ I understand that this program is billed as a whole and its price cannot be adjusted for missed days.
- ☐ I understand that it is my obligation to get my child to and from the group program on time and we cannot wait for late arrivals.
- ☐ I agree to provide a snack and drink bottle for my child as well as any other items they may need (ie. regulation tools, appropriate clothing, asthma pumps, etc.).
- ☐ I give permission for photos/video footage of my child to be taken and used on social media platforms for advertising (optional).
- ☐ I would like to request a report detailing my child's performance in the group and recommendations for continuing to develop their emotional regulation skills. (Optional extra - \$193,99)

Parent/ Guardian Signature: _____

Parent/ Caregiver Name: _____

Date: _____