



Grow With Me

Occupational Therapy

Group registration form – Social Detectives (8-11 y/o)

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 relevant): _____

Plan Manager details (if relevant): _____

Current support team details (if any) *Ie. Speech, OT, psychologist, etc.:* _____

Allergies (children will be required to bring a snack each day): _____

Childs interests and other relevant information: _____

