

Group Registration Form

Child's Details

Name: _____ DOB: _____ Gender: _____

Home Address: _____

Main Contact Person: _____

Phone: _____ Mobile: _____ Email: _____

Language/s Spoken At Home: _____

Referred By: _____

Payment: NDIS Plan Managed NDIS Self Managed Other

Family Information

Parent/Guardian 1: Name: _____ Occupation: _____

Parent/Guardian 2: Name: _____ Occupation: _____

Siblings (Names & Ages):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Family History: (eg. significant family events, moves in residence, migration, family history of disability, family relationships, illness)

Other Therapy: (including previous/current Occupational, Physical or Speech Therapist; Neurologist, Psychologist or GP etc)

Hearing Problems: No Yes (please explain):

Vision Problems: No Yes (please explain):

Allergies:(please list):

Educational Information

School: _____ Grade _____ Teacher/s: _____
School: _____ Grade _____ Teacher/s: _____
School: _____ Grade _____ Teacher/s: _____
School: _____ Grade _____ Teacher/s: _____

General Academic Performance (describe strengths/weaknesses & any concerns):

Does your child have a teaching aide or any other special educational support:

No Yes Name: _____ Phone: _____

General:

Describe your child/young person's personality:

Main Concerns: please check box and explain below:

Learning difficulties	Cognitive Functioning	Speech/Language	Activities of Daily Living
Peers/Friendships	Self-regulation	Play	Other
Siblings	Sensory Concerns	Behaviour	

Tell us about your concerns:

What are your goals for your child, and their thoughts on what they would like to achieve:

Cancellation Policy: Our groups take into account the needs of each child in dynamic relationship with the needs of the overall group. Consistent attendance is really important. A cancellation fee applies to non attendance of any group session with less than 48 hours' notice, unless there are extenuating circumstances.

I _____, understand and accept this cancellation agreement and will provide at least 48 hours notice of any non-attendance or pay the full fee, as above.

Signature _____ Date: _____

Thank you for your time in completing this form. All information is confidential. Please print, sign, scan or photograph and email to jane@evolvingroles.com.au