



# School Holiday Program Enrolment Form

Please be aware that the program is designed for individual needs and therefore places are only accepted on a case by case basis. If you need urgent support throughout the holidays we have alternative options also available that we are more than happy to discuss with anyone needing this support.

Important Information			
Childs Name		Childs Date of Birth	
Residential Address		Parent / Guardian Details <i>(Must be listed on this form to be approved for collection)</i>	Name:  Mobile:  Email:
Diagnosis			
Support Requirement	<input type="checkbox"/> Transport to the Venue <input type="checkbox"/> Transport from the Venue <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Specific Hours  (List Specific Details Below)  ____ to ____ (Date)  ____ to ____ (Time)		

NDIS Details			
NDIS Number		Plan Dates	
Support Coordination	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide Details)		Name: Phone: Email:
Financial Management	<input type="checkbox"/> NDIS Managed <input type="checkbox"/> Self-Managed <input type="checkbox"/> Plan Managed		<b>Please provide details for Dahlia to Invoice:</b>  Name/Company:  Email:  Phone:



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### Goals to work towards within the Program

Goal 1:	
Goal 2:	
Goal 3:	

### Checklist

<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Anaphylaxis
<input type="checkbox"/> Absconding Risk	<input type="checkbox"/> Resistance of Support	<input type="checkbox"/> Trauma
<input type="checkbox"/> Behaviours of Concern	<input type="checkbox"/> Road Safety	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Sexualised Behaviour	<input type="checkbox"/> Car Safety	<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Self-Harm Tendencies	<input type="checkbox"/> Chemical Awareness	<input type="checkbox"/> Verbal Abuse
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Vision Loss	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Swallowing Difficulty	<input type="checkbox"/> Behaviour Support Plan
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stranger Danger	<input type="checkbox"/> Agitation
<input type="checkbox"/> Other	<input type="checkbox"/> Details If required:	

### Preferences

TV Shows:	Movies:
Foods:	Drinks:
Outside Activity:	Inside Activity
Place to Visit	People to Talk about
Anything else that is important to know about?	

### Anything else that would be good for us to know.