**A picture containing drawing, food

Description generated with very high confidence**

SOCIAL PROGRAMS

REGISTRATION FORM

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2020 Social Programs** | | | | | | | | |
| **Program Requested** | | **After School Programs**  **Cooking**  **Sport**  **Science Technology Engineering Maths**  **The Arts**  **Girls Group**  **Lego Groups** | | | | **Day Programs**  **Home Schoolers Program**  **The Arts**  **Adults Day Program**  **Science Technology Engineering Maths**  **Social Saturday’s**  **Other** Click or tap here to enter text. | | |
| **Child Information** | | | | | | | | |
|  | | Click or tap here to enter text. | | | | | | |
| **Address** | | Click or tap here to enter text. | | | | | | |
| **Gender:** | | Choose an item. | | | | | | |
| **Date of Birth:** | | Click or tap to enter a date. | | | | | | |
| **Language Spoken:** | | Click or tap here to enter text. | | | | | | |
| **Cultural Background:** | | Click or tap here to enter text. | | | | | | |
| **Any known risks:** | | Click or tap here to enter text.   * E.g. Court Orders, Medical or Health Alerts | | | | | | |
| **School Level:** | | Click or tap here to enter text. | | | | | | |
| **Child Primarily Lives with:** | | Click or tap here to enter text. | | | | | | |
| **Diagnosed Condition or Disabilities:** | | Intellectual/Cognitive: | | | | Physical | | |
| Autism Spectrum Disorder: | | | | ADHD/ODD: | | |
| Mental Health: | | | | Acquired Brain Injury: | | |
| Degenerative Condition: | | | | N/A (Sibling) | | |
| Other: Click or tap here to enter text. | | | | | | |
| **CLIENT ALERTS (Risks/Staff Alerts/Medical)** | | | | | | | | |
| **Medical Conditions** | | Click or tap here to enter text.   * *If Asthma, Anaphylaxis or Diabetes, a management plan MUST be provided.* | | | | | | |
| **Allergies:** | | Click or tap here to enter text. | | | | | | |
| **Alerts:** | | Click or tap here to enter text. | | | | | | |
| **Medication & Dosage** | | Click or tap here to enter text. | | | | | | |
| **Known Triggers and Strategies:** | | Click or tap here to enter text. | | | | | | |
| **Equipment used by Client:** | | Click or tap here to enter text. | | | | | | |
| **PLANS AND SUPPORTS** (attach copies of any relevant plans) | | | | | | | | |
| **Care Plans** | | Click or tap here to enter text. **Attached** **Yes**:  **No**: | | | | | | |
| **Behaviour Support Plan** | | Click or tap here to enter text. **Attached** **Yes**:  **No**: | | | | | | |
| **Other Therapists Plans** | | Click or tap here to enter text. **Attached** **Yes**:  **No**: | | | | | | |
| **NDIS PLAN** | | | | | | | | |
| **NDIS Plan Details:** | | **Plan Number:** Click or tap here to enter text.  **Plan Expiry Date:** Click or tap to enter a date.  **Plan -Managed:**  **Self Managed**:  \*Do you consent to sharing NDIS Plan details with AmAbleCN Yes:  No: | | | | | | |
| **Support Co-ordinator:** | | Click or tap here to enter text. | | | | | | |
| **Fund Manager:** | | Click or tap here to enter text. | | | | | | |
| **CONTACTS** | | | | | | | | |
|  | | **Guardian 1** | | | **Guardian 2** | | | |
| **Primary Parent/Guardian** | | **Name:** Click or tap here to enter text.  **Address:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text. | | | **Name:** Click or tap here to enter text.  **Address:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text. | | | |
| **Relationship:** | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Mobile Number:** | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Email:** | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Authorised to Collect** | | **Yes:**  **No:** | | | **Yes:**  **No:** | | | |
| **Emergency Contact 1** | | **Name:** Click or tap here to enter text. | | | **Mobile Phone:** Click or tap here to enter text. | | | |
| **Emergency Contact 2** | | **Name:** Click or tap here to enter text. | | | **Mobile Phone:** Click or tap here to enter text. | | | |
| **GP Details** | | Click or tap here to enter text. | | | | | | |
| **Medicare Number**  **Exp Date:** | | Click or tap here to enter text.  Click or tap to enter a date. | | | | | | |
| **Ambulance Cover:** | | Click or tap here to enter text. | | | | | | |
| **Child’s Special Interests** | | | | | | | | |
| **What does your child enjoy doing and interests?** | | | Click or tap here to enter text. | | | | | |
| **What are your child’s dislikes?** | | | Click or tap here to enter text. | | | | | |
| **Does your child participate in any other activities?** | | | Click or tap here to enter text. | | | | | |
| **Does your child have any religious/cultural/spiritual needs?** | | | Click or tap here to enter text. | | | | | |
| **Permissions** | | | | | | | | |
| **Do you give permission for you child to be included in photographs?** | | | | | | | | **Yes:**  **No:** |
| **Are staff permitted to apply sunscreen or insect repellent?** | | | | | | | | **Yes:**  **No:** |
| **Is your child permitted to watch G and PG rated movies under the supervision?** | | | | | | | | **Yes:**  **No:** |
| **Is your child permitted to participate in land-based water play?** | | | | | | | | **Yes:**  **No:** |
| **Do you give permission for your child to have snacks such as popcorn, party food provided by AmAble Community Networks?** | | | | | | | | **Yes:**  **No:** |
| **Other Relevant Information:**  Click or tap here to enter text. | | | | | | | | |
| **Office Use Only** | | | | | | | | |
| Date Received: |  | | | Details Entered | | |  | |