****

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  |  |