

School Holiday Program Registration

Please return this form with payment as soon as possible as places are limited.

Morning Session (3.5 – 7 years)	Afternoon Session (8 – 18 years)
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Age is a guide only – individual children and needs will be assessed when choosing group

	Week 1	Week 2	Week 3	Week 4	Week 5	Cost \$50 per session * Siblings \$40
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

*Cost may increase if care needs are above a 1:4 staff ratio requirement and are subject to change without further notice. Our staff reserve the right to withdraw your child and our services should we feel the need.

Name of Child	Age	Diagnosis / Sibling	Have attended before Yes / No

Allergies (please give details): _____

Special interests of your child (what do they like to do): _____

Level of Skills and Development (please give details below as you see fit so we may make an informed choice of care needs and appropriateness of groups)

	Not Applicable	Poor	Fair	Average	Above Average
Personal Hygiene					
Tolerance of lights					
Tolerance of sounds					
Tolerance of touch					
Tolerance of other children					
Speech					
Communication of personal needs and wants					
Ability to transition activities					
Desire to engage in new activities / social settings					
Desire to socially interact with others					

Please detail any self / other injurious behaviours and any other information you feel we need to know: _____

	I am aware that photo's may be taken of activities and be used for fundraising and reporting (from grants / sponsorships given) purposes
	I am aware that particularly during the Christmas holiday period activities may be arranged off site and I give permission for my child to participate in these activities
	I am aware that whilst all due care is taken Friends of Autism nor its staff are responsible for the injuries sustained or medical costs associated with obtaining assistance and attention as decided by the staff of Friends of Autism when and if required

(Please tick to acknowledge that you have read and accepted the above – enrolment will not be accepted without this)

Parent / Guardian Name/s

Contact Number/s:

Residential address:

Alternative emergency contact

Email:

Payment Options:

Cash

Cheque, made payable to Friends of Autism

Credit Card:

Amount: \$ _____

Card Holder's Name: _____ Type of Card: M/Card Visa

Card Number: _____ - _____ - _____ - _____ Expiry: __ / __

Signature: _____

EFT: **Account Name:** Friends of Autism **BSB:** 306 095 **Account No:** 0140251 (please insert your last name and **Sch/Hol** as a reference)

Fahcsia Funding, please note: If insufficient funds are available at time of claiming FOA will require you to make the payment privately.

Please note: We require 48 hours notice if you are unable to attend a session you have registered for (this will allow us to offer the placement to another family). Payment will still be required if you fail to give 48 hours notice. No refunds available.

(If you are unable to cover any of the above costs please contact the office on 9440 6800 to discuss further options. Getting your child/ren out and about these school holidays is our priority and we will help where we can. There are a number of respite Agencies including the Red Cross who may be able to assist)