



SUPER SOCIAL LEARNING WITH PIKACHU

**DETECTIVE PIKACHU IS HERE TO HELP US TAME
THOSE UNTHINKABLES® ONCE AGAIN!**

Come and join us for an exciting Social Skills Holiday Program based on Superflex® created by Stephanie Madrgial and Michelle Garcia Winner.

Become a Social Skills Master by
joining Detective Pikachu. Get ready to team-train your Pokémon and
continue developing your flexible thinking
to dominate in the battle against the Unthinkables®.

Join us these holidays for this winning combination!
We will practise conversation skills, cooperative play, negotiation, and turn
taking skills.



This program, including its teacher or leader, is not affiliated with, nor has it been reviewed, approved, or endorsed by Michelle Garcia Winner and Think Social Publishing, Inc.

**WHEN?
ASHWOOD: JULY 2-4
2019**

**MOONEE PONDS: JULY
9-11 2019**

**SUITABLE FOR PRIMARY
STUDENTS WHO HAVE
BEEN INTRODUCED TO
SOCIAL THINKING®
CONCEPTS**

Holiday Program Application Form Moonee Ponds July - 2019 Program

Please complete all sections

SECTION A

Choose a program

- MP Leaping Into Social Skills (**Preschool**) 4 – 6 July 2019
- MP Social Learning with Pikachu (**Primary**) 9 – 11 July 2019
- MP Supersleuth Detective (**Prep – Gr 2**) 9 – 11 July 2019
- MP Girl Talk Program (**Grade 4 - 6**) 9 – 11 July 2019

SECTION B

Child's Name:	Age:	DOB:
Address:		Post Code:
Mum / Dad (Print Name)	Email address:	
Home Phone:	Mobile Phone:	
Does your child currently receive therapy from Spectrum? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who is your child's therapist _____		
Did your child attend any of our Programs in 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION D-continued

BEHAVIOR: Please tick any of the following behaviours which best describe your child.

Motivated, focused, attentive Aloof Anxious Rigid (wants things on own terms)

Impulsive Physically aggressive (to peers or adults (describe)

Active and distracted Verbally aggressive to peers or adults (describe)

Oppositional Withdrawn (may hide or emotionally shut down when upset)

May run away or want to leave situation when upset

Does your child have any other significant behavioural issues? Yes No
If yes, please provide details.

If you would like your child's Social Skills Report to be sent to your paediatrician please complete the following:

Child's Name:

Paediatrician:

Address:

Parent Signature:

Date:

SECTION E

Notes on Payment Details: Please read this section carefully:

* Programs funded by an agency or FaHcsia- we require an Authorisation/Intro Letter & credit card details for a **non-refundable** deposit / cancellation fee **along with this application form**. (FaHscia & Agencies do not pay cancellation fees and need to be paid privately. Total program cost is \$470

* Private payments: Full payment (including a non-refundable deposit) is required **along with this Application**. Your card will be charged the **non-refundable** deposit of \$100 on application & rest of program cost on acceptance. Total program cost is \$450

* The completed form, with **full payment or funding letter / FaHcsia into letter is a prerequisite** with your Application which you can Post, fax or email to us. If using email scan & send as a PDF attachment.

* A **NON REFUNDABLE** deposit to cover cancellation fees of \$100 is required for all applications including FaHcsia & funded payments. Please ensure credit card details are filled in.

* Medicare rebates **cannot** be claimed for group speech therapy programs / sessions

Payment for the program:

Self FaHscia / Funding Agency - Name of Agency

Payment enclosed: Cheque Credit Card (Please complete card details)

Please charge my Visa card MasterCard Expiry Date: ____ / ____ / ____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount: Deposit for funded program **\$100.00** OR Full payment (Pvt) **\$ 450** (incl Deposit)

Cardholder name _____ Cardholder's Signature _____

Check List: Please check your application, ensure all required sections are filled in, tick on the items on the list below, to confirm, & sign where required. Your application process could be **delayed & forms returned to you** if any section of the application is incomplete.

- I have filled in Sections A, B, C, & section D
- I have read & understood the notes in Section E have filled in payment / deposit details
- I have (circle a, or b, c, or d) **a**) filled in Credit Card details, **b**) enclosed a cheque **c**) attached an authorisation letter **d**) attached a copy of our FaHcsia Introduction letter

Signature: _____ Mum / Dad Date: _____

**Return forms to 767 Mt Alexander Rd, Moonee Ponds VIC 3039 or
office@spectrumspeech.com.au
Applications close 26 June 2019**