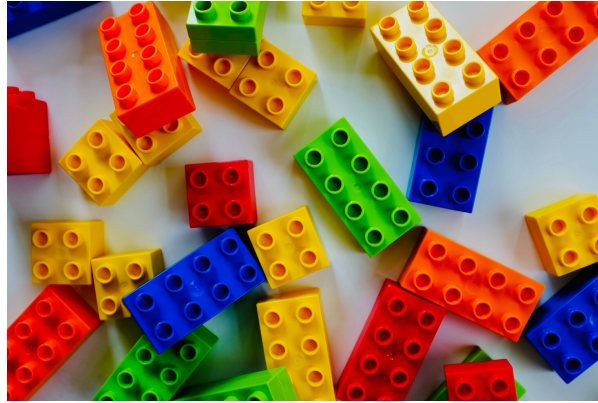


# LEGO® CONNECT!

## CREATIVE SOCIAL LEARNING WITH LEGO®



Based on evidence-based Lego Therapy, join us these school holidays for an exciting social learning experience while building with Lego!

- Building LEGO creations and taking turns at being the architect, builder and supplier
- Following instructions, giving instructions and using descriptive language
- Developing negotiation skills
- Solving problems as a team
- Sharing an imagination and interacting through collaborative play

**JOIN US THESE SCHOOL HOLIDAYS FOR  
SOME BRICK BUILDING FUN!**

**WHERE?  
WHEN?**

**MOONEE PONDS:  
JANUARY 14-16 2020**

**WHO?**

**PRIMARY SCHOOL  
CHILDREN  
GRADES 1 & 2  
GRADES 3 & 4**

## Holiday Program Application Form Moonee Ponds Programs January 2020

*Please complete all sections*

### **SECTION A**

*Choose a program*

- MP Lego Connect Program (**Gr 1/2 & Gr 3/4**) 14-16 Jan 2020
- MP Ready Prep Go! Program (**Prep 2020**) 21-23 Jan 2020

### **SECTION B**

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

## Holiday Program Application Form

### SECTION C

Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.	
Do your child's allergies require you to use an Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please ensure your child brings the Epi pen along to each day of the program. <b>IMPORTANT: Failure to do so will mean your child will be unable to stay for the day's program.</b>	

### SECTION D

Diagnosis:	
Current School:	Current Grade:
Does your child have an Integration Aide: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes - Number of integration support hours.
Does your child have any recent speech & language or cognitive assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, please attach copies	

What are your child's special interests?
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What skills would you like your child to learn in this group?
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**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.**

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**Thank you for your application. Please note that this application does not guarantee your child's placement in the program.**

**Parent Signature:**

**Date:**

**SECTION E**

**Notes on Payment Details: Please read this section carefully:**

\* Programs funded by an agency we require an Authorisation / Intro Letter **along with this application**

Not all agencies do not pay cancellation fees and need to be paid privately if applicable.  
Please fill in Credit card details  
Total program cost is \$470 Cancellation fee: \$125 (Less than 48 hrs Notice)

\* Private payments: Full payment is required **along with this Application**  
Your card will be charged the program cost on acceptance.  
Total program cost is \$470 Cancellation fee: \$125 (Less than 48 hrs Notice)

\* The completed form, with **full payment (credit card) or Authorisation 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.

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

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**Payment for the program:**

Self    Agency: Name of Agency .....    NDIS Self-Managed

NDIS Plan Managed: Plan Manager .....

**Details for Private payments:**    Credit Card (Please complete card details)

VisaCard    MasterCard   Expiry Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_   CCV \_\_\_ \_\_\_ \_\_\_

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**Full payment amount (Pvt) \$ 470**

Cardholder name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Please check your application.  
Ensure all required sections are filled in 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 all Sections of this form including credit card details for Private & Agency applications

Signature: \_\_\_\_\_ Mum / Dad      Date: \_\_\_\_\_

**Return forms to 8/767 Mt Alexander Road, Moonee Ponds VIC 3039**  
**E-mail [office@spectrumspeech.com.au](mailto:office@spectrumspeech.com.au) or fax to 9370 1399**  
**Applications close 13 Dec 2019**