spectrum
Speech Pathology
opening the world of communication

READY! PREP! GO!

Join us for our school readiness program in the January Holidays. This School Readiness program is for children who will start Prep in 2020

Children will work in groups to practise:

- fair play & coping with losing
- learning to be part of a group
- skills to negotiate & cooperate
- problem solving skills
- following classroom instructions
- transitions
- independence skills

WHERE?

MOONEE PONDS & ASHWOOD:
JANUARY 21-23 2020

WHO?

CHILDREN STARTING PREP IN 2020

Contact www.spectrumspeech.com.au

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Holiday Program Application Form
Ashwood Programs January 2020

Please complete all sections

SECTION A

Choose a program

☐ ASH Ready Prep Go Program **(Prep)** 21–23 January 2020

☐ ASH Lego Connect Program (**Gr 1/2 & Gr 3/4)** 21–23 January 2020

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? ☐ Yes ☐ No If Yes who is your child's therapist _____		
Did your child attend any of our Programs in 2019? ☐ Yes ☐ No		

Holiday Program Application Form

SECTION C

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

SECTION D

Diagnosis:	
Current School:	**Current Grade:**
Does your child have an Integration Aide: **☐ Yes ☐ No**	**If yes - Number of integration support hours.**
Does your child have any recent speech & language or cognitive assessments? **☐ Yes ☐ No if Yes, please attach copies**	

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

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☐ Oppositional ☐ Withdrawn (may hide or emotionally shut down when upset)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

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 ___ ___ ___

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 219 High Street Road, Ashwood VIC 3147
***or* - E-mail *to* office@spectrumspeech.com.au**
Applications close 13 Dec 2019