spectrum
Speech Pathology
opening the world of communication

IT'S GAME ON!

Let us help your child with social-emotional learning while playing fun competitive and co-operative games. The children will practise being part of a team, a partnership or playing for themselves.

Modified indoor ball games have been designed to help them have fun while they learn to:

- Follow the rules
- Play fairly
- Manage their emotions
- Deal with competition and winning and losing
- Think of others
- Use language to solve problems and 'sort things out'.

When and Where

Ashwood: 31 March - 2 April

Moonee Ponds: 6 April - 8 April

1.5 hours a day

Who

School age children Prep to Grade 6

Applications close 25 March

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Holiday Program Application Form
Ashwood March / April 2020 Program

Please complete all sections

SECTION A

Choose a program

☐ ASH - Easter Program (**Pre-Prep)** 31Mar – 2 Apr 2020

☐ ASH - Its Game On (**Prep to Gr 6)** 31Mar – 2 Apr 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☐ Oppositional ☐ Withdrawn (may hide or emotionally shut down when upset)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.

Does your child have difficulty with:

winning & losing ☐ **Yes** ☐ **No** **sharing** ☐ **Yes** ☐ **No**

taking turns ☐ **Yes** ☐ **No** **following rules** ☐ **Yes** ☐ **No**

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 pay cancellation fees, and these will 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 confirmation /attendance.
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 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 clients)**

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 25 March 2020