

**Holiday Program Application Form  
Moonee Ponds Programs July 2020**

*Please complete all sections*

**SECTION A**

*Choose a program*

MP - Its Game On! (**Prep to Gr 6**) 7 – 9 July 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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes who is your child's therapist _____</p>			
<p><b>Did your child attend any of our Programs in 2019/20?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

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Oppositional  Withdrawn (may hide or emotionally shut down when upset)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

**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 pay cancellation fees, and these need to be paid privately if applicable.  
Please fill in Credit card details  
Total program cost is \$480 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 \$480 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) \$ 480**

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

**Please note: This program may be cancelled at short notice if required by Government guidelines related to Covid19**

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 26 Jun 2020**