

## Autism Central Coast INC - Booking Form April 2019 School Holiday Centre-based Program

Program is held at the Autism Central Coast Centre

Address: 3/3 Pioneer Ave Tuggerah NSW 2259

Time: 9:30am to 2:30pm

What to bring: We recommend that your child bring a packed lunch and refrain from bringing personal belongings of value (such as iPad).

**Please confirm below the dates you would like to book**

Session Date	Session Time	Please select sessions to book ✓
Monday 15 <sup>th</sup> April 2019	9:30 am – 2:30 pm	
Tuesday 16 <sup>th</sup> April 2019	9:30 am – 2:30 pm	
Wednesday 17 <sup>th</sup> April 2019	9:30 am – 2:30 pm	
Thursday 18 <sup>th</sup> April 2019	9:30 am – 2:30 pm	
Friday 19 <sup>th</sup> April 2019	NO PROGRAM	DUE TO PUBLIC HOLIDAY
Monday 22 <sup>nd</sup> April 2019	NO PROGRAM	DUE TO PUBLIC HOLIDAY
Tuesday 23 <sup>rd</sup> April 2019	9:30 am – 2:30 pm	
Wednesday 24 <sup>th</sup> April 2019	9:30 am – 2:30 pm	
Thursday 25 <sup>th</sup> April 2019	NO PROGRAM	DUE TO PUBLIC HOLIDAY
Friday 26 <sup>th</sup> April 2019	9:30 am – 2:30 pm	

### Participant Information (Person attending the program)

First name	Surname
Preferred name:	Date of birth
Address	
Suburb	Postcode
Home Number	Mobile Number
Email	
Town and country of birth	Cultural group identifying with

#### Health/Medications

Does the participant have any allergies? \_\_\_\_\_

Does the participant have any dietary requirements? \_\_\_\_\_

Does the participant require medication administered to them during program? \_\_\_\_\_

**If yes, please obtain a medical form from our office**

**Participant Information Continued.. (Person attending the program)**

**Diagnosis / Disability of Participant:**

Does the participant have **behaviours of concern**?  
**If yes, please describe the behaviours and how these**

Is the participant under the care of a behaviour therapist?

Does the participant have a Behavioural Support Plan (BSP) to manage these behaviours?  
**If yes, Please attach a copy of the BSP with this booking form.**

How many family members speak a language other than English at home?

Number of parent/carers in family?

Number of parent/carers with a disability?

**Participant NDIS Information – Please attach a copy of your plan**

NDIS Number:	How is your plan managed?
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Start Date:	End Date:
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Participant NDIS Goals:

**Parent/carer information (Please complete if the participant is under 18 years of age)**

First name	Surname
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Phone	Email
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How did you hear about our service?

Emergency Contact  
Name:  
Phone:

Parent Signature:

**Sending this booking form**

Please ensure you have completed this form before sending & attach any required documentation  
Please return your booking form to Autism Central Coast INC 3/3 Pioneer Ave Tuggerah NSW 2259 or email to [kylie@autismcentralcoast.org](mailto:kylie@autismcentralcoast.org).  
Your booking will be confirmed upon receipt of this booking form and confirmation that the participant has funding in the correct category for Group-based programs  
If you wish to cancel your booking at any time, please contact 0410 918 100.