Logo, company name

Description automatically generated

**SCHOOL HOLIDAY ACTIVITIES**

**For NDIS Participants**

**CLIENT INTAKE FORM**

***Personal Information***

**Full Name: D.O.B**

|  |  |
| --- | --- |
|  |  |

**Address:**

|  |
| --- |
|  |

**City: State: Postcode:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Phone: Email:**

|  |  |
| --- | --- |
|  |  |

**Food Allergies + Dietary Requirements Relevant Medical History**

|  |  |
| --- | --- |
|  |  |

**NDIS Reference Number**

|  |
| --- |
|  |

***Next of Kin Information:***

**Full Name: Relationship:**

|  |  |
| --- | --- |
|  |  |

**Phone: Email:**

|  |  |
| --- | --- |
|  |  |

***Activities Interested In: (Please choose activities from below)***

**Day(s):**

**Date(s):**

**Time(s):   
Activity name(s):**

**Transport Arrangement:**

* Do you want to be picked up and dropped off? YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have your own transport? YES \_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Type of your transport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Support needed, please describe; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APRIL 2023 – SCHOOL HOLIDAY PROGRAM**

**Week 1: April 11-14**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TIME | **Tuesday 11th** | **Wednesday 12th** | **Thursday 13th** | **Friday 14th** |
| 9AM-12AM | Easter Egg Hunt | Cooking Class  Pictionary | Tie Dye T-shirts | Science Experiment  Charades |
| 1PM-4PM | Leaf Painting | Quiet Reading | Sensory Bin  Colouring In | Scavenger Hunt |

**Week 2:April 17-21**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday 17th** | **Tuesday 18th** | **Wednesday 19th** | **Thursday 20th** | **Friday 21st** |
| 9AM-12AM | Paper Airplane Competition | Movie | Cooking class | Science Experiment | Jewellery Making |
| 1PM-4PM | * S Clay Pot Art | Face Painting  Colouring In | Painting | Movie | Mother’s day card making |

**Client’s Full Name Signature Date**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Please email this form to:** [**info@joiningfamilies.org**](mailto:info@joiningfamilies.org)

**If you have any query regarding this form, please call: 0421 653 673 / 0286053652**