

**SCHOOL HOLIDAY ACTIVITIES**

**For NDIS Participants**

**CLIENT INTAKE FORM**

***Personal Information***

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

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

**Address:**

|  |
| --- |
|  |

 **City: State: Postcode:**

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

**Phone: Email:**

|  |  |
| --- | --- |
|  **(Caseworker number)** |  **(Caseworker 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; may need support to engage with other children as she can become heightened.

**SEPTEMBER 2023 – SCHOOL HOLIDAY PROGRAM**

**Week 1: September 25 - 29**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TIME | **Monday 25th** | **Tuesday 26th** | **Wednesday 27th** | **Thursday 28th** | **Friday 29th** |
| 9AM-12AM | Movie Day Out | Botanical Gardens | Sydney Zoo | Bowling | Powerhouse Museum |
| 1PM-4PM | Shopping around the mall | Museum of Contemporary Art | Aqua Golf | Timezone | Day out in the City |

**Week 2: October 2 - 6**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TIME | **Monday 2nd** | **Tuesday 3rd** | **Wednesday 4th** | **Thursday 5th**  | **Friday 6th** |
| 9AM-12AM | Ferry Ride | Aqua Golf | Movie Day Out | Sydney Aquarium | Bowling |
| 1PM-4PM | Sydney Taronga zoo | Cupcake Decorating | Shopping around the mall | Madame Tussauds | Timezone |

**Client’s Full Name Signature Date**

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

**Please email this form to:** **info@joiningfamilies.org**

**If you have any query regarding this form, please call: 0421 653 673 / 02 8605 3652**