

**Gateways Support Services**

**Gateway to School Therapy Program 2021 – Registration Form**

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| Child’s Name : | | Date Of Birth : |
| Gender:  Male 🞏 Female 🞏 | Is your child Aboriginal or Torres Strait Islander?  Yes 🞏 No 🞏 | |
| Address: | | |
| School your child will attend in 2021: | | |
| Please state your child’s diagnosis and/or additional needs: | | |
| Is your child receiving Early Intervention Support?  Yes 🞏 No 🞏 | If Yes, please state the name of the agency, therapists and Key Worker: | |
| Does your child have an NDIS package?  Yes 🞏 No 🞏 | If Yes, please provide the following details;  NDIS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Start Date of Current Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Date of Current Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If No, does your child have HCWA funding?  Yes 🞏 No 🞏 | If Yes, please attach a copy of your letter of introduction to this registration form.  Attached 🞏 | |
| **Parent/Legal Guardian Information 1 (Primary Contact)** | **Parent/Legal Guardian Information 2** | |
| Name: | Name: | |
| Relationship to Child: | Relationship to Child: | |
| Address (if different to the child): | Address (if different to the child): | |
| Email Address: | Email Address: | |
| Home Telephone: | Home Telephone: | |
| Mobile Telephone: | Mobile Telephone: | |
| First Language if not English: | First Language if not English: | |

**Please complete over the page:**

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| --- | --- | --- |
| Did your child receive KIS funding at Kindergarten in 2020? | **Yes** | **No** |
| Does your child consistently show behaviours of concern? | **Yes** | **No** |
| **If Yes, please provide more information**: | | |
| Does your child have well developed communication skills? – i.e. they can make their needs known. | **Yes** | **No** |
| **Comments:** | | |
| Does your child have any mobility issues that we need to be aware of? | **Yes** | **No** |
| **Comments:** | | |
| Does your child have asthma? | **Yes** | **No** |
| **If Yes – Please attach Asthma Plan** | | |
| Does your child have any allergies? | **Yes** | **No** |
| **If Yes, please provide more information:** | | |
| **From your perspective, what skills does your child need to work on in relation to school readiness?** | | |

**Please provide further information to any of the areas above, or any other information that you feel the program staff need to be aware of to support your child’s attendance in the Gateway to School Group.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you give your permission for the Gateway to School Program staff to make contact with your child’s Key Worker/therapists to gain more information about their developmental needs?**

Yes 🞏 No 🞏

**Signature of Parent/Legal Guardian Date**