



Which Sport Are you Registering for?	Which Location?
Class Time?	Term _____ Year _____

CHILDS NAME:	AGE:	DSM level:
GRADE & SCHOOL:	GENDER:	NDIS Number Plan Managed..... Self Managed

1st Contact _____

Relationship to Child _____ Mobile: _____

Email _____

Address of Child _____

2nd Contact _____

Relationship to Child _____ Mobile _____

Email _____

Does the child have a Positives Behaviour Plan? Yes No Is so Please attach

Any Physical restrictions or concerns we should be aware of _____

Plan Managers email _____
(pls add SNAPP to your list of service providers with you plan Manager)

Does you child have any of the following? (Please circle) **ANY EMERGENCY MANAGEMENT PLANS ARE REQUIRED**

- | | | | |
|---------------------|--------------------|------------|-------------|
| Epilepsy | Asthma | Tourette's | Dyspraxia |
| Auditory Processing | Sensory Processing | ODD / PDA | Dysphagia |
| ADD / ADHD | Fragile X | GDD or ID | Other _____ |

OT Goals _____

Social Goals _____

Do you give SNAPP permission to use your child's image for INTERNAL USE ONLY
EG: Videos for Grant Applications No Yes

Please note: SNAPP is not currently NDIS Registered and you must be Plan Managed
or Self Managed to claim our programs – Thankyou

