



Spectrum Swim Support

Enrolment Form

Information

Child's name: _____ NDIS no. (if applicable): _____

Date of birth: _____ Age: _____

Diagnosis: _____

What does your child absolutely love? _____

What are your child's strengths? _____

Parent/Guardian

Name: _____

Phone: _____ Email: _____

Aquatic goals

Long term: _____

Short term: _____

How Your Child Communicates

Expressive (please select)

- | | |
|-------------------------------------|---|
| ☐ Verbal | ☐ Verbal limited |
| ☐ Non-Verbal | ☐ Sign Language |

Receptive (please select)

- | | |
|-------------------------------------|---|
| ☐ Verbal | ☐ Verbal limited |
| ☐ Non-Verbal | ☐ Sign Language |

Additional information

Please outline any sensory needs or adaptations which we may need to consider: _____

Does your child have any reported seizure activity? If so, what? _____

Does your child take any medications that we need to be aware of? If so, what? _____

Payment information

1) **Bank transfer** – From parent/guardian. Payment is due by date on invoice.

2) **Sports Vouchers Plus** – Please complete claim form.

3) **Other** (Please specify): _____

NDIS code required on invoice:

- ☐ No code required
- ☐ Use general code (Capacity Building – Innovative Community Participation)
- ☐ Use specific code: _____

Acknowledgement

I acknowledge that my child will be supervised at all times by myself or a carer. Once my child leaves the swimming pool, it is my responsibility to look after them (including in the pool surroundings).

Name: _____

Signed: _____ Date: _____

Thank you for completing this form.

Please email it to **lucyspectrumswim@gmail.com**.