

REGISTRATION FORM



PARENT/CARER DETAILS <i>The person completing this form should be the person responsible for decisions regarding the child ("client") to be registered</i>	
First Name:	Last Name:
Relationship to child:	
Are you the legal guardian of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Work Phone:
Mobile:	Email:
Address:	
What is your preferred method of communication? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> SMS	
Do you receive Carers' Allowance in relation to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will you be paying for the services provided by Muddy Puddles? <input type="checkbox"/> NDIS Plan <input type="checkbox"/> HCWA funding <input type="checkbox"/> Better Start funding <input type="checkbox"/> Using my own funds <input type="checkbox"/> An agency is paying (eg. FaCS, Family Referral Services, Young Carers Program)	
Does this apply to you? <input type="checkbox"/> I have a current plan from my GP or paediatrician to access a Medicare rebate <input type="checkbox"/> I am not receiving any funding and I would like to find out if I can access a subsidy to help with the cost of services	
How did you hear about Muddy Puddles?	



DETAILS OF CHILD OR YOUNG PERSON TO BE REGISTERED

First name:

Last name:

Date of birth:

Age:

Does your child identify as:

- Aboriginal or Torres Strait Islander
- CALD
- Neither

Address (if different to address of parent/carer already captured):

Where does your child attend school/care?

What year is your child in at school?

What is the name of your child's teacher?

What support services is your child currently receiving (or has received in the last 12 months)?

What goals are most important to your child at the moment?

Select the development areas your child may benefit from:

- Social skills
- Positive behaviour
- Self esteem
- Managing anxiety
- Life skills, eg. Cooking, shopping, transport
- Personal care skills
- Transition to primary school
- Transition to high school
- Sensory integration
- Learning to be safe
- Movement and motor control



Which services are you most interested in accessing at Muddy Puddles?

- Assessment or diagnosis
- Speech and language therapy
- Psychology
- Behaviour support
- Occupational therapy
- Music therapy
- Drama therapy
- Group therapy programs
- Individual support worker
- Parent/carer support
- Early childhood intervention (0-6 yrs)

Does your child have a diagnosed disability? Yes No

Please provide details of your child's disability or delay

Are there any issues or behaviours we should be aware of?

Does your child have any mobility needs?

Does your child have any dietary requirements/allergies?



Does your child receive any regular medications that we should be aware of?

Are your child's immunisations up-to-date? Yes No

Please provide any reports or supporting documentation that may help us understand your child's needs. You can attach copies to this registration or email them to us at info@muddypuddles.org.au

CONSENT TO EXCHANGE INFORMATION

To provide consistent and high quality support to your child, it is often necessary to discuss their support plan and progress with other people involved in the care or support of your child. Please list the people or organisations you permit us to exchange information with ("information" includes verbal, written or electronic health and development records).

Please list the people you give us permission to exchange information with:

Organisation	Name	Phone	Email

CONSENT TO TAKE AND USE PHOTOS

When providing supports to your child, we may take photos of the session. Please review how we may use these photos and let us know if you consent to the use of photos in each case.

I give permission for photos of my child to be used to record their progress and appear in progress reports (seen by Muddy Puddles team and family)

Yes No



I give permission for photos of my child to appear in the Muddy Puddles Centre (for example to demonstrate what has been happening in programs. These will be seen by other Muddy Puddles clients accessing the Centre).

Yes No

I give permission for photos of my child to be used for marketing and promotional purposes, including newspaper articles, flyers, presentations, social media (eg. Facebook)

Yes No

If you answered "Yes" to allowing photos to be used for marketing purposes, do you give permission for your child's name to be used also?

- First and Lastname
- First name only
- No name to be used

NDIS FUNDING DETAILS (if applicable)

NDIS number:

Plan start date:

Plan end date:

Management type: NDIA managed Plan Managed Self Managed

If Plan Managed, please complete the details below

Plan Manager Name (if applicable):

Organisation:

Phone:

Email:



SHARING YOUR CHILD'S NDIS PLAN

You can choose who you share your child's NDIS plan with, and which parts they can see.

If you choose to share your child's NDIS plan with Muddy Puddles, it will assist our team to work towards your child's NDIS goals. If you choose to share details of your child's NDIS plan budget it allows Muddy Puddles to develop a Schedule of Supports in line with your available funds and support categories.

If you choose not to share your child's NDIS plan with Muddy Puddles, then you agree to pay any out of pocket expenses incurred for services provided if they exceed the limits of your available NDIS budget.

I consent to sharing the following parts of my child's NDIS plan with Muddy Puddles:

- Full plan
 Goals only
 Budget only
 None

FAMILY DETAILS

Is your child in the care of:	Their parents: <input type="checkbox"/> Yes <input type="checkbox"/> No Other carers: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide details)
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Is there anything we need to know about your child's family situation, eg. Court orders, important support people in your child's life?

Does your family have any specific cultural values or beliefs we need to be aware of?

Please list the people living at home with your child:

Name:	Relationship:	Age:



EMERGENCY CONTACT (other than parent/carer)

First name:

Last name:

Relationship to child:

Home phone:

Work phone:

Mobile:

AGREEMENT

By choosing to submit this form I agree that the information I have provided will be retained by Muddy Puddles to manage the registration process and provide services. I acknowledge that this information may be shared with a third-party service provider where the service received is not provided by a direct employee of Muddy Puddles. A copy of our [privacy statement](#) can be found on our website.

I have read, and agree to, the Muddy Puddles [Terms of Service](#).

Agree

Parent/Carer Signature: _____