



**Cootharinga North Queensland
School Holiday Program
Customer Details**



Name: _____

Address: _____

Phone Number: (Mobile) _____ (Work) _____

Date of Birth: ___/___/___ **NDIS Number:** _____

Email: _____

Other contact in case of Emergency:

Name: _____

Phone Number: (Mobile) _____ (Other) _____

Relationship to customer: _____

Other information:

Allergies: No Yes Cause: _____

Dietary requirements: _____

Medication/s:

Type	Time	Dosage	Route

Assistance with personal care: No Yes Details: _____

Mobility assistance: No Yes Details: _____

Assistance with Communication: No Yes Details: _____

Behaviour support required: No Yes

Description of Behaviour (e.g. swearing, absconding, hitting, spitting, biting etc):

Strategies to manage behaviour:

Likes: _____

Dislikes: _____



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I, _____ agree to purchase _____ (number of days)
for _____ from my NDIS package to attend the Cootharinga
School Holiday Program.

DAYS OF ATTENDANCE

Name of customer: _____ will be attending the

December 2018/January 2019 School Holiday program on the following days:

WEEK: 1	✓	WEEK:2 (Please tick)	✓
Monday, 10 th December 18		Monday, 17 th December 18	
Tuesday, 11 th December 18		Tuesday, 18 th December 18	
Wednesday, 12 th December 18		Wednesday, 19 th December 18	
Thursday, 13 th December 18		Thursday, 20 th December 18	
Friday, 14 th December 18		Friday, 21 st December 18	

WEEK: 3 (Please tick)	✓	WEEK:4 (Please tick)	✓
CLOSED		Monday, 7 th January 19	
PUBLIC HOLIDAY		Tuesday, 8 th January 19	
Wednesday, 2 nd January 19		Wednesday, 9 th January 19	
Thursday, 3 rd January 19		Thursday, 10 th January 19	
Friday, 4 th January 19		Friday, 11 th January 19	

WEEK: 5 (Please tick)	✓	WEEK:6 (Please tick)	✓
Monday, 14 th January 19		Monday, 21 st January 19	
Tuesday, 15 th January 19		Tuesday, 22 nd January 19	
Wednesday, 16 th January 19		Wednesday, 23 rd January 19	
Thursday, 17 th January 19		Thursday, 24 th January 19	
Friday, 18 th January 19		Friday, 25 th January 19	