

REGISTRATION FORM – 8-WEEK SOCIAL SKILLS COURSE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

MOBILE \_\_\_\_\_

CHILDS NAME \_\_\_\_\_ AGE \_\_\_\_

CHILDS NAME \_\_\_\_\_ AGE \_\_\_\_

PREFERRED CLASS TIME (THIS MAY NOT ALWAYS BE FACILITATED)

9.30-10.30  11-12

PREFERRED LOGATION: (THIS MAY NOT ALWAYS BE FACILITATED)

BELFAST  LISBURN

EMERGENCY CONTACT

\_\_\_\_\_

\_\_\_\_\_

SCHOOL ATTENDED (INCLUDE DETAILS OF 1:1 ASSISTANCE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIAGNOSIS, MEDICAL NEEDS OR ALLERGIES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHOTO PERMISSION (NO PHOTOS WILL BE USED ON BUILDING BUDDIES NI FACEBOOK PAGE UNLESS SO POSTED BY PARENT)

YES

No

**COMMUNICATION REQUIREMENTS**

PECS       MAKATON       VERBAL       OTHER \_\_\_\_\_

**CHALLENGING BEHAVIOUR** (AGGRESSION, ABSCONDING ETC)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOILET TRAINED**

YES                       NO

IF NO GIVE DETAILS OF ASSISTANCE NEEDED \_\_\_\_\_  
\_\_\_\_\_

PLEASE TICK OR GIVE INFORMATION IN THE TABLE BELOW TO OUTLINE YOUR CHILD'S NEEDS;

I RATE MY CHILD'S ABILITY	POOR	OK	GREAT
USE OF EYE CONTACT AND NON -VERBAL COMMUNICATION			
USE OF LANGUAGE TO ASK FOR ATTENTION AND HELP			
ABILITY TO EXPRESS ANGER APPROPRIATELY			
ABILITY TO MAKE AND MAINTAIN FRIENDSHIPS			
ABILITY TO PLAY GAMES AND FOLLOW RULES			
ABILITY TO LOSE GRACEFULLY AND WIN WELL			

**PAYMENT**

COST IS £100 TO BE PAID ON OR BEFORE 18<sup>TH</sup> JANUARY 2020

YOU CAN PAY BY CHEQUE OR BANK TRANSFER, ASK FOR DETAILS.

ANY PERSONAL INFORMATION YOU GIVE TO US WILL BE PROCESSED IN ACCORDANCE WITH THE UK DATA PROTECTION ACT 1998

PLEASE RETURN THIS FORM TO [GROUPS@BUILDINGBUDDIES.ORG](mailto:GROUPS@BUILDINGBUDDIES.ORG)