Registration Form

NDIS ART CLASS 'AMICI HOUSE'

CLASS: **2 Hours x 4 Weeks - Including Lunch**
ADDRESS: **294 Bracken Ridge Road, Bracken Ridge QLD 4017**

Name of Participant (18+):			
Address:			
Suburb:		Post Code:	
Email:			
Mobile:		Gender:	[ ] M [ ] F
DOB:		Gender Other:	[ ] NB [ ] Other

Primary disability:	
Any special needs/ requirements:	

Do you suffer from any allergies?	**If "yes" type:**	**Management plan:**
Yes [ ] No [ ]		

Any special dietary requirements:	**If "yes" type:**
Yes [ ] No [ ]	

Do you suffer from diabetes, epilepsy or asthma?	**If "yes" which one(s):**	**Management plan:**
Yes [ ] No [ ]		

Emergency Contact Name:	**Relationship:**	**Number:**

Support Coordinator Name:	**Organisation:**	**Number:**

I wish to enroll in NDIS Art Class Amici House (Including Lunch):

[ ] 4 Week Program Cost $480.00	[ ] I wish to be notified of future events and activities

NDIS Details:

Funding:	[ ] NDIS Managed	[ ] Self-Managed	[ ] Plan Managed
NDIS Plan Date:		**NDIS Number:**	
Name:		Email:	

CANCELLATION POLICY:

If a class is **rescheduled** you will be offered a place to the rescheduled date.

If **you** need to **cancel** your booking, please advise a minimum of 14 days notice, you may then transfer your BOOKED SESSIONS to another date. Please notify via email: ndis@coasit.asn.au

Classes **cancelled** by Co.As.It. that have been booked & paid for, are entitled to a full refund.

No-shows and late cancellations are non-refundable, nor will make up classes be issued.

Please note: All Covid-Safe practices are in place at Amici House in line with government regulations.

CLIENT/ REPRESENTATIVE SIGNATURE: _____

OFFICE USE ONLY (Data Entry Department):

Registration Received: _____/_____/_____ (Insert date) Signature: _____