



ENROLMENT FORM

Date

Grid for date: D D M M Y Y Y Y

PLEASE CIRCLE YOUR PREFERRED CENTRE/S:- Castle Hill - Penrith - Richmond - Rose Bay - Prestons
GETTING TO KNOW YOU (The Parent/Guardian)

First Name

Grid for first name

Middle

Initial

Grid for middle initial

Surname

Grid for surname

Address

Grid for address

Relationship to child

Grid for relationship to child

Suburb

Grid for suburb

State

Grid for state

Post Code

Grid for post code

Primary Contact Number

Grid for primary contact number

Secondary Contact Number

Grid for secondary contact number

E-mail address

Grid for email address

GETTING TO KNOW YOUR CHILD

Child's First Name

Grid for child's first name

Middle

Initial

Grid for child's middle initial

Last Name

Grid for child's last name

Child's Date of Birth

Grid for child's date of birth: D D M M Y Y Y Y

Child's Gender

Grid for male gender

Male

Grid for female gender

Female

Grid for other gender

Other

PHOTOGRAPHY RELEASE

I, _____ (parent/legal guardian)

Checkbox for DO give consent

DO give consent

Checkbox for DO NOT give consent

DO NOT give consent

for my child to be photographed at any time throughout dance class and acknowledge that the images may be shared amongst the DOTS community and used for promotional purposes by DOTS Dance Over the Spectrum.

The DOTS community may include:

- DOTS-owned social media accounts
• Advertising
• Other parents and students

SIGNED

Signature line

Please give your assessment of your child's ability to each of the following questions:-

	Never	Occasionally	Frequently	Almost always
1. Appears not to hear what you say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hums, whistles, sings or makes other noises throughout the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is distracted or has trouble functioning if				
a) there is a lot of noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) there is sudden or loud noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doesn't watch during instruction, but follows through with activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty copying actions and movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Startles at unexpected movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Avoids eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Shows spatial awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is awkward in movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Slouches, slumps or sprawls in chairs, tires easily - ie appears inactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Seeks out movement, can't sit still, fidgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Retreats or is slow to participate in physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Chews,licks or sucks on food or objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Closeness:-				
a) Comes too close into other people's personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Touches others to the point of irritating them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your child have a preference to:-				
a) Hard/ rough surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) soft smooth surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. Touches everything he/she sees ie "learns through their fingers" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is easily upset by minor injuries ie if bumping into another person, or tripping etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Shows little emotion, regardless of a situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is especially over / under (Please circle) reactive to changes in routine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Likes to be in control of their environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Responds favourably to fun and silliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Prefers the structure of rules and routine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has difficulty "moving on" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Marked mood variations - prone to outbursts or tantrums | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Poor grasp of objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Difficulty changing hands with objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Difficulty letting go of objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Just a few more :-

- | | Yes | Sometimes | With Assistance | Not Yet |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Can your child balance on two feet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can your child balance on tippy toes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can your child balance on 1 leg for 5 seconds without holding onto anything | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can your child hop on one leg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can your child skip using alternate legs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can your child catch a large ball with both hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Please tell us something your child loves or is interested in?

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8. What is easy for your child?

9. What is difficult for your child?

Finally:- Please tell us 3 motor skills you would like to see your child achieve:-

1.

2.

3.

Anything else you would like to add :-

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Disclaimer

I/we the undersigned accept that all methods and syllabus that are used within the DOTS program are implemented with safe dance practice.

Although methods are proven effective, each child's experience and therefore results will vary depending on personal development.

Signed:-

Date:-
