



____/____/____
D D M M Y Y Y Y

PLEASE CIRCLE VENUE:- St Gabriels - Shine Shed (Vineyards)

Getting to know you (the Parent /Guardian)

First Name	Middle Initial	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Relationship to child
<input type="text"/>	<input type="text"/>

Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Contact Number	Secondary Contact Number
<input type="text"/>	<input type="text"/>

E-mail address

GETTING TO KNOW YOUR CHILD

Child's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Date of Birth	Child's Gender
<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

Photography Release

I,.....
parent or guardian

DO	DO NOT
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(Please Circle)

give permission for my child

to be photographed during their DOTS class for purposes of sharing throughout the DOTS community.

This will include:- * DOTS owned Social Media * DOTS Advertising * DOTS Parents and Students

	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"/>

- DOTS**
DANCE OVER THE SPECTRUM
- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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? | _____ | | | |

Disclaimer

- * I 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.
- * I understand that I have enrolled into the DOTS program for 1 Full Term and Full Term Fees apply for payment at the start of each Term regardless if I choose to discontinue with classes.

I, the undersigned, understand and agree to the conditions set above.

Parent / Guardian:- Date:-