

## Early Days Initial Registration Form

Please indicate the workshop you wish to attend:

- Introductory  
 Understanding Behaviour – A Step by Step Guide for Parents  
 Encouraging Early Interactions  
 Indigenous Workshop

Date/s of the workshop:

Given Name		Family Name	
Postal Address		Suburb	
State	South Australia	Post Code	
Contact Phone (daytime)		Mobile	
Email		Preferred Method of communication	<input type="checkbox"/> email <input type="checkbox"/> post

Name of your child		Child's Date of Birth	
Does your child have a confirmed diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently seeking an assessment	Child's Diagnosis?	<input type="checkbox"/> autism <input type="checkbox"/> Asperger Syndrome <input type="checkbox"/> PDD-NOS
Relationship to the child	<input type="checkbox"/> Mother or Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Family Carer <input type="checkbox"/> Other (please specify)		
What language do you usually speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify)	Do you need an interpreter to attend this workshop?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?
Do you have any dietary requirements?	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Allergies (please specify) <input type="checkbox"/> Vegan		
Are there any access issues? (i.e. wheelchair)	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:		

Thank you for completing this form. Please post or send it electronically to [mstevens@autismsa.org.au](mailto:mstevens@autismsa.org.au) or Attn. Michelle Stevens, Autism SA, PO Box 304, Marleston DC, SA, 5033.