REGISTRATION FORM FOR ADAPTIVE ARTS SPECIAL NEEDS ADULTS 16+

FIRST NAME ..... SURNAME.....

DATE OF BIRTH ..... MAIN CONTACT NUMBER .....

STREET ADDRESS..... SUBURB.....

WEDNESDAY SESSION ☐ Morning (9 -11:30 am) ☐ Afternoon (12:30 -3 pm)

FRIDAY SESSION ☐ Morning (9 -11:30 am) ☐ Afternoon (12:30 - 3 pm)

(LUNCH – Social Time between Morning and Afternoon groups– bring your own food and drink)

NATIONALITY..... ETHNICITY .....

EMAIL ADDRESS ..... GENDER.....

TYPE OF DISABILITY .....

.....

DO YOU HAVE ANY MEDICATION THAT IS KEPT ON YOU? YES ☐ NO ☐

WHAT IS IT FOR AND KEPT WHERE? .....

.....

PERMANENT RESIDENT YES ☐ NO ☐ RESIDENTIAL CARE YES ☐ NO ☐

ALLERGY D E T A I L S .....

.....

EMERGENCY CONTACT #1 FULL NAME .....

EMERGENCY CONTACT#1 RELATIONSHIP/ PHONE NUMBER .....

EMERGENCY CONTACT #2 FULL NAME .....

EMERGENCY CONTACT #2 RELATIONSHIP/PHONE NUMBER .....

PHOTO PERMISSION YES☐ NO☐

Payment can be done monthly via AP, or IF, CS, WINZ. Please let us know what process you prefer.

ANY QUESTIONS PHONE: 0210 800 7199

When completed please email to: admin@bans.org.nz