



**Noah's**  
EVERY CHILD.  
EVERY OPPORTUNITY.

## Preference Form

Please complete the form and indicate your preferences, then return to the reception at Noah's, or your Noah's teacher or therapist.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis (if relevant): \_\_\_\_\_

Parent/Carer's name: \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

Does your child receive HCWA or Better Start funding?      Yes      No

Preschool, Daycare or School attending: \_\_\_\_\_

Please circle days: Monday    Tuesday    Wednesday    Thursday    Friday

**Preferences - please mark numbers 1, 2 and 3 (1 being your most preferred option):**

\_\_\_ Key Worker

\_\_\_ Kids Together

\_\_\_ Individual Therapy / Young Person Support (please circle below)

Occupational Therapy    Speech Pathology    Play Skills    Emotion/ Behaviour    Physiotherapy

\_\_\_ Small Group Therapy (please circle below)

Fine Motor    Gross Motor    Communication    Social Skills    Play Skills    Emotional    School Readiness

**Please indicate with a tick if you would like to attend these additional programs:**

\_\_\_ Managing Children Program

\_\_\_ Family Disability Support Program

Please note a current Membership Application / Renewal form will need to be completed prior to registering for any additional program.

Placement in programs is subject to availability and waiting lists sometimes apply. You will be notified as soon as possible of availability.