



THERAPY & EDUCATION CENTRE INC.

### LITTLE MUNCHERS & CRUNCHERS GROUP REGISTRATION

Date: \_\_\_\_\_

#### FAMILY DETAILS

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Name of Person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Brief description of your child's difficulties (include diagnosis if known):

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Please explain what your child's current feeding concern is:

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What are the main reasons you would like your child to participate in this group?

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What do you hope are the outcomes of this group for you and your child?

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a: 26 Parry Avenue, Bateman, WA 6150 | PO Box 1096, Booragoon, WA 6954  
t: (08) 9313 6566 | f: (08) 9313 5566  
e: info@kidsarekids.org.au | w: kidsarekids.org.au

*Proudly endorsed by our Patron, Professor Andrew Whitehouse*



**How are you funding the group?** (please tick one):

- Fee for Service
- Better Start
- HCWA Funding
- NDIS Funding

**Financial Liability Agreement** *(for fee paying services)*

**It is accepted that I am RESPONSIBLE for FULL PAYMENT of services prior to commencing the program and acknowledge that steps will be undertaken to recover payment of any outstanding accounts.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Thank you for taking the time to complete this questionnaire.  
Please also complete the attached food range diary.

