



*Connecting young people
with Aspergers to the
world around them*

Registration Form

Date _____

Child's name _____ Child's Date of Birth _____

Age _____ Please circle: Male Female Non-Binary

Parent / Caregiver's Names _____

Address _____

Email _____

Phone _____ Mobile/s _____

Diagnosis: _____ Year of Diagnosis _____

Where did you hear about The Gold Foundation? _____

1. What are your main concerns in regards for your child: (For example: social, educational, behavioural)

2. Please describe any relevant family background information: (eg: relationship between family members, medical issues)

3. Other information: (for example: likes/dislikes, other diagnosis)

4. What type of programs would you/your child like to participate in? (*Social skills training, Youth Group, Events, Parent Seminars*)

By registering with Gold Foundation, you are giving permission to go on our 'registration list' to receive emails and information about the Gold Foundation, upcoming programs and services.

Parent/Caregiver Signature _____ Date _____

Thank you for joining us

“Connecting young people with Asperger’s to the world around them”

Please email or post your completed registration form to Gold Foundation.

Email Address: info@goldfoundation.com.au

Postal Address: 18 Trimmer Terrace, Unley SA 5061

Questions? : Please call us 0455 888154

www.goldfoundation.com.au

