

Holiday Social Thinking



2017 School Holiday Registration

Please complete and return	to the email or postal add	lress below to secure a p	lace for your child in these popular groups.
Child Name:		DOB:	School grade:
Parent Name:			
Address:			Post code:
Email:			
Contact Ph:	Heal	th Fund:	Other funding:
	Yes, we would like	e to attend. Choose	your holiday session:
Tick your time and circle Preschool-Kindy Ir	ncredible Flexibl		☐ Sep/Oct
□ 9.15-10.15am (10- 1	13 April, 3-7 July, 25-7	29 Sep)	0.15 (18-21 April, 10-14 July, 3-6 Oct)
Kindy-Year 2 Incr			
□ 10.30-11.30 (10-13	April, 3-7 July, 25-29	Sep)	1.30 (18-21 April, 10-14 July, 3-6 Oct)
Kindy-Year 2 We T	hinkers! (Part 2 of IFY	—Only register if complete	ed IFY)
□ 12.00-1.00 (18-21 Å	April, 10-14 July, 3-6	Oct)	
Year 3-Year 6 Sup		Sep)	
many private health fund	ls. 4-day programs (due veek of April school ho	to public holidays) ar lidays is 4 days only d	ue to public holiday on the Friday.
	Please	indicate your paymer	nt type:
☐ I authorise	the cost of this group to	be claimed against n	ny child's funding:
Signature:		(Also to sign the Servi	ce Delivery Form)
☐ Please char	ge my Credit Card (as b	elow)	
CREDIT CARD DETAIL	L <u>S</u>		VISA MasterCard PAMERICAN BOOKERS
Name on card:			
Credit card numbe	r:		Expiry date: /
Cardholder Signatu	ıre:		
Dle	ase return thís	Building Blocks Occi	upational Therapy P/L



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