

READY...SET...SCHOOL

Registration Form 2019

Please complete and return to the email address below to secure a place for your child in these popular groups. Once you have registered, you will be sent confirmation of your place, as well as a reminder the week before groups commence.

Name of Child: _____ DOB: _____

Name of Parent: _____

Address: _____

Contact Ph: _____ Mobile: _____

Email: _____ Health Fund: _____




Yes, we will be attending and prefer: (please number your preferences 1,2, and 3 if possible)

- | Day | | Time |
|---|---|---|
| <input type="checkbox"/> Monday (28 Oct, 4 Nov, 11 Nov, 18 Nov, 25 Nov, 2 Dec) | <input type="checkbox"/> 10.00-11.00am | <input type="checkbox"/> 1.15-2.30pm (Combined Speech & OT) |
| <input type="checkbox"/> Tuesday (29 Oct, 5 Nov, 12 Nov, 19 Nov, 26 Nov, 3 Dec) | <input type="checkbox"/> 11.00-12.00pm | <input type="checkbox"/> 1.15-2.15pm |
| <input type="checkbox"/> Wednesday (30 Oct, 6 Nov, 13 Nov, 20 Nov, 27 Nov, 4 Dec) | <input type="checkbox"/> 10.00-11.00am | |
| <input type="checkbox"/> Thursday (31 Oct, 7 Nov, 14 Nov, 21 Nov, 28 Nov, 5 Dec) | <input type="checkbox"/> 11.15-12.30pm (Combined Speech & OT) | <input type="checkbox"/> 1.30-2.30pm |
| <input type="checkbox"/> Friday (1 Nov, 8 Nov, 15 Nov, 22 Nov, 29 Nov, 6 Dec) | <input type="checkbox"/> 10.00-11.00am | |
| <input type="checkbox"/> Saturday (2 Nov, 9 Nov, 16 Nov, 23 Nov, 30 Nov, 7 Dec) | <input type="checkbox"/> 9.00-10.00am | |

Cost: The group package (6 sessions) costs \$380.00 claimable through Private Health Funds (Item 300) and includes a USB stick with home activities. Combined Speech & OT groups charged at \$620.

Please complete the credit card authority and post or email to our office.

Combined Speech and OT Sessions: We are pleased to announce a new Ready Set School program incorporating both a Speech and OT approach. Sessions will be 1 hour 15 minutes in duration and will be charged at \$620 for the program. Spaces are extremely limited so get in quick to secure your spot.

Credit Card Details				
Name on Card: _____	Card Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card Number: _____ / _____ / _____ / _____	Expiry Date: _____ / _____			
Signature: _____	CVV: _____			

Please note: We reserve the right to cancel the group if the minimum number of participants is not reached, or due to unforeseen circumstances beyond our control. Building Blocks OT has a strict **NO REFUND POLICY** for groups. Unfortunately, due to the low cost and nature of the groups, we cannot offer refunds due to sickness or any other reason. We will endeavour to offer make up classes if possible, however, are under no obligation to do so. This is due to the administrative and organisational time, the cost involved in preparation, and the fact that we have reserved a spot for your child that we cannot offer to another child.

