

July 2022 Holiday Groups Registration Form - EPPING

Child's Name: _____ DOB: _____ Grade: _____

Parent Name: _____ Mobile: _____ Email: _____

Address: _____ P/C _____

Please tick your choices for (Week 1 Starting Monday 4th July or Week 2 starting Monday 11th July)

Please tick the relevant box:

Cost for program:

\$375 - **WITH REPORT**

\$325 - **NO REPORT**



The Incredible Flexible You

Social Thinking - Incredible Flexible You

Week 1, 9:00-10:00am
Preschool-Year 2

Week 2, 9:00-10:00am
Preschool-Year 2

Week 1, 10:30-11:30
Preschool-Year 2

We Thinkers!

Social Thinking - We Thinkers! - The next step after Incredible Flexible You

Week 1, 11:45am-12:45 pm

Week 2, 10:30-11:30

Please check with your therapist to see if this group is suitable for your child.



Superflex

Social Thinking - Superflex

Expression of Interest—we will let you know when this will be running

Fabulous Food Play!

Fabulous Food Play

Fabulous Food Play is designed to offer food exposure and positive interactions with food.

Not offered during this holiday period. Expression of Interest - we will let you know when this will be running.

Holiday Handwriting Happenings

Holiday Handwriting

Week 1, 9.15-10.15 am
Kindy - Year 2

Week 2, Year 3–Year 6

Expression of Interest

Suggested time is 12:00-1:00pm

The 5-day program is claimable through many private health funds (Item 300).

Please note: We reserve the right to cancel any group if the minimum number of participants is not reached, or due to circumstances beyond our control. Payments are processed in the week before the group commences. Building Blocks 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. This is due to administrative and organisational time, the cost involved in preparation, and the fact that you have reserved a spot for your child that we cannot offer to anyone else.

CREDIT CARD DETAILS



Name on card: _____

Card Type:

Credit card number: _____

Expiry date: ____ / ____ CCV: _____

Card holder's signature: _____

*Amount: \$ _____

**Please ensure you tick box at top of form to advise if you want a report or not, and that the amount matches.*

