

July 2022 Holiday Groups Registration Form - HORNSBY

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 Kindy - Year 2

Week 1, 9:00-10:00am

Week 2, 9:00-10:00am

We Thinkers!

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

Week 1, 10:15-11:15 am

Week 2, 10:00-11:00 am

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



Superflex

Social Thinking - Superflex
Social Thinking for the older child

Week 2, 11:30- 12:30 pm
(Years 3-6)

Fabulous Food Play!



Fabulous Food Play

Week 1, 9:30-10:30 am -Junior

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

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

Please tick: Cost : \$400.00 - WITH REPORT \$350.00 - NO REPORT

Holiday Handwriting Happenings

Holiday Handwriting

Week 1, 10:45-11:45 am (Kindy - Year 2)

Week 2, 11:15- 12:15pm (Kindy - Year 2)

Week 1, 11:30am-12:30pm (Years 3-6)

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 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. This is due to 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.

CREDIT CARD DETAILS



Name on card: _____

Card Type:

Credit card number: _____

Expiry date: ____ / ____ CCV: _____

Card holder's signature: _____

*Amount: \$ _____

**Please ensure you tick a box above to advise if you want a report or not, and that the Amount matches.*

