

October 2023 Holiday Groups Registration Form - HORNSBY

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

Parent Name: _____ Mobile: _____ Email: _____

Address: _____ P/C _____

Please tick your choice for -Week 1: **Individuals only** or Week 2 starting: **3rd October**

Please tick the relevant box: Cost for program

4 days only for 2nd week
due to Public Holiday on
2nd October

Week 2: \$350 - WITH REPORT \$300 - NO REPORT



The Incredible Flexible You

Social Thinking - Incredible Flexible You Kindy -Year 2

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

Starts 3rd Oct - 4 days only

We Thinkers!

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

Week 2, 11:00am -12:00pm

Starts 3rd Oct - 4 days only

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



Superflex

Social Thinking - Superflex

Week 2, 1:30pm-2:30pm

Starts 3rd Oct - 4 days only

Social Thinking for the older child (Years 3-6)

Fabulous Food Play!



Fabulous Food Play

Not running this holiday period—Expression of Interest only—we will contact you to let you know when next on offer

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

Holiday Handwriting Happenings



Holiday Handwriting

Week 2, 9:15am -10:15am (Years 3-6)

Starts 3rd Oct - 4 days only

Week 2, 10:30am -11:30am (K-Yr 2)

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.

PAYMENT DETAILS

My child is a Plan-Managed NDIS Participant. Please invoice the Plan Manager: _____ *Amount: \$ _____

My child is a Private Client or Self-Managed NDIS Participant, please charge my credit card:

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.**

