

## January 2024 Holiday Groups Registration Form - EPPING

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in 2024: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please tick your choices for—Week 1: Starting **Tuesday 9 January** or Week 2: Starting **Monday 15 January**

**Please tick the relevant box: Cost for program**

Week 1  \$370 - **WITH REPORT**  \$320- **NO REPORT**  
 Week 2  \$450 - **WITH REPORT**  \$400 - **NO REPORT** **4 days only for 1st week**



### The Incredible Flexible You

Social Thinking - Incredible Flexible You -Kindy -Year 2

Week 1 **9-12 January** - 11.00-12.00pm **4 days only**

### We Thinkers!

Social Thinking - We Thinkers! The next step after Incredible Flexible You  
*Please check with your therapist to see if this group is suitable for your child*

Week 2, **15 - 19 January** - 11.00-12.00pm



### Superflex

Social Thinking - Superflex **Being offered at Hornsby**

Expression of Interest only—we will contact you to let you know when next on offer  
*Social Thinking for the older child (Years 3-6)*

### HIGH SCHOOL TRANSITION

Transition to High School Program - Yr 6

*Help to prepare Yr6 students with the transition from Primary to High School*

Week 2, **15-19 January** 1:30pm -2:30pm

### Holiday Handwriting Happenings

Holiday Handwriting

Week 1, **9-12 January** 9.00-10.00am (Kindy - Year 2) **4 days only**

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 at the top of page to advise if you want a report or not, and that the Amount matches.**

