building blocks
OCCUPATIONAL THERAPY
'building * developing * excelling'

January 2024 Holiday Groups Registration Form - HORNSBY

Child's Name: _____ DOB: _____ Grade in 2024:_____

Parent Name: _____ _____ Mobile:_____ Email: _____

Please tick your choice for - Week 1: Starting Monday 8 January or Week 2 starting: Monday 15 January
Week 3: Starting Monday 22 January
Please tick the relevant box: Cost for program
Week 1 or Week 2: ☐ $450 - **WITH** REPORT   ☐ $400 - **NO** REPORT
Week 3:   ☐ $370– **WITH** REPORT   ☐ $320 - **NO** REPORT **4 days only - due to public holiday**

Social Thinking - Incredible Flexible You   Kindy –Year 2
☐ Week 1, **8–12 January**– 11:00am-12:00pm

Social Thinking - We Thinkers! The next step after Incredible Flexible You
☐ Week 2, **15– 19 January** 10:00–11:00am

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

Social Thinking - Superflex
☐ Week 2 , **15– 19 January** 1:30-2:30pm
Social Thinking for the older child (Years 3-6)

Transition to High School Program - Year 6 Girls
Help to prepare Yr6 students with the transition from Primary to High School
☐ Week 3, **22 –25 January** 1:30-2:30pm - **4 Days only**

Holiday Handwriting
☐ Week 1, **8 –12 January** 1:30-2:30pm (Years 3-6)
☐ Week 2, **15– 19 January** 11:00am-12:00pm (K-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:**

VISA   MasterCard   AMERICAN EXPRESS

Name on card: _____   Card Type: ☐   ☐   ☐

Credit card number: _____ _____ _____ _____   Expiry date: _____ /_____   CCV: _____

Card holder's signature: _____   *Amount: $_____