

January 2024 Holiday Groups Registration Form - Kariong

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

Parent Name: _____ Mobile: _____ Email: _____

Address: _____ P/C _____

Groups offered in week commencing January 15, 2024.

Please tick the relevant box: Cost for program \$450 -WITH REPORT \$400 -NO REPORT



The Incredible Flexible You

Social Thinking - Incredible Flexible You - Kindy -Year 2

Week 2: **15-19 January** 9:00-10:00am

May be offered depending on demand—IFY or We Thinkers

We Thinkers!

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

Week 2: **15 - 19 January** 9.00-10.00am

May be offered depending on demand —IFY or We Thinkers

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



Superflex

Social Thinking - Superflex

Expression of Interest only

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

Fabulous Food Play!



Fabulous Food Play

Week 2: **15 - 19 January** 11:00am-12:00pm

Cost for program: **WITH REPORT** \$500 **NO REPORT** \$450

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

Holiday Handwriting Happenings



Holiday Handwriting

Week 2: **15-19 January** 10:00-11:00 am (Kindy - Year 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.*

