

building * developing * excelling

April 2024 Holiday Groups Registration Form - EPPING

| Child's Name: | DOB: | :Gra | ade in 2024: |
|---|---|-------------------------------|---------------|
| Parent Name: | Mobile: | Email: | |
| Address: | | | P/C |
| Please tick your choices for—Week 1: Starting Monday 15 April or Week 2: Starting Monday 22 April Please tick all relevant boxes: Week 1 (4 or 5 days) Week 2 (3 days only) | | | |
| The Incredible Flexible You | Social Thinking - Incre Week 1, Mon 15 - Fri 19 \$450 - WITH REPORT | 9 April 9:30am-10:30am | |
| 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 1, Starts Tues 16 - Fri 19 April 11:00am-12:00pm 4 days only \$370 - WITH REPORT \$320 - NO REPORT | | |
| Superflex | Social Thinking - Super Week 2, Mon 22 April - W \$290 - WITH REPORT | /ed 24 April 1:30pm-2:30pm | a 3 days only |
| Fabulous Food Play! | Fabulous Food Play This program is designed to Week 2, Mon 22 April - V \$320 - WITH REPORT | Ved 24 April 1:30pm -2:30p | m 3 days only |
| Holiday Handwriting Happenings | Holiday Handwriting Week 1, Starts Tues 16 April - Fri 19 April 9:00-10:00am (Kindy-Year 2) 4 days only \$370 - WITH REPORT \$320 - NO REPORT Week 1, Mon 15 April - Fri 19 April 11:00am -12:00pm (Years 3 - 6) \$450 - WITH REPORT \$400 - NO REPORT | | |
| 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: | | | |
| *Please ensure you tick all boxes to advise if you want a report or not, and that the Amount matches. | | | |



