

## April 2024 Holiday Groups Registration Form - HORNSBY

Child's Name:		_ DOB:	Grade in 2024:
Parent Name:	Mobile:	Email:	
Address:			P/C
Please tick your choices for—WePlease tick the relevant box:FWeek 1\$450Week 2 (3 days only)\$290	ee for program - WITH REPORT	□ \$400 - <b>NO</b> REPORT	arting <u>Monday 22 April</u> 3 days only for 2nd week
The Incredible Flexible You		Incredible Flexible You April 9:00am-10:00am	1 -Kindy -Year 2
We Thinkers!		We Thinkers! The next s April 9:00am-10:00am (3	tep after Incredible Flexible You days only)
A Superflex	Social Thinking - Superflex Social Thinking for the older child (Years 3-6) Week 2, 22 April - 24 April 1:30pm-2:30pm (3 days only)		
Fabulous Food Play!	Fabulous Food Play         This program is designed to offer food exposure and positive interactions with food.         Week 1, 15 April - 19 April 1:30pm -2:30pm         \$500 - WITH REPORT       \$450 - NO REPORT		
Fantastic Finger Fun!			ned to develop fine motor skills
Holiday Handwriting		ing 19 April 9:30-10:30am (Kir 24 April 9:30-10:30am (Yea	
The 5-day program is claimable through many private health funds (Item 300). <i>Please note:</i> 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 <b>NO REFUND</b> 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:         Image: Comparison of the plan Manager:         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.			
		Occupational Therapy	

