



OCCUPATIONAL THERAPY

'building * developing * excelling'

July 2024 Holiday Groups Registration Form - EPPING

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

Parent Name: _____ Mobile: _____ Email: _____

Address: _____ P/C _____

Please tick your choices for:

Week 1: Starting **MONDAY 8 JULY** or Week 2: Starting **MONDAY 15 JULY**

Please tick relevant box:

Fee for program:	5 DAY GROUP	<input type="checkbox"/> \$450 - WITH REPORT	<input type="checkbox"/> \$400 - NO REPORT
	4 DAY GROUP	<input type="checkbox"/> \$370 - WITH REPORT	<input type="checkbox"/> \$320 - NO REPORT



The Incredible Flexible You

Social Thinking - Incredible Flexible You -Kindy -Year 2

Week 1, **8-12 July** 9:00am-10:00am
 Week 2, **15-19 July** 9:15am-10:15am

We Thinkers!

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

Week 1, **9-12 July** 11:15am-12:15pm **4 days only**



Social Thinking - BB Tribe *A fun and engaging program that expands on social thinking concepts and collaborative play. Be a chef, builder, game developer, artist, scientist!*

Week 2, **15-19 July** 11:15am-12:15pm



Holiday Handwriting

Week 1, **9-12 July** 9:45am-10:45am (Years 3 - 6) **4 days only**
 Week 1, **8-12 July** 10:30am - 11:30am (Kindy - Year 2)
 Week 2, **15-19 July** 9:00-10:00am (Kindy - Year 2)
 Week 2, **15-19 July** 10:30am - 11:30am (Years 3 - 6)

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 all boxes to advise if you want a report or not, and that the Amount matches.**

