

October 2024 Holiday Groups Registration Form - Kariong

Childs Name:	DOI	B:	Grade:
Parent Name:	Mobile:	Email:	
Address:			P/C:
	s for Week 1: Starting <u>Mond</u> Week 2: Starting <u>Tuesc</u> Week 1 programs run eve 2 will be 4 days due to publ	day 8th October ery day for 5 days	,
The Incredible Flexible You	Social Thinking —IF) Week 1:	am	150 NO REPORT □\$400
BB KID'S CAFE	BB KIDS CAFÉ Week 1: □10.30-11.45pn Cost for program: 5 days V		500 NO REPORT □\$450
Holiday Handwriting Happenings	Intensive Handwriting Week 1: Expression of Week 2: 9.30-10.30am Cost for program: 4 days	interest 4 days only	\$370 NO REPORT \$ 320
clease note: We reserve the right ond our control. Payments are pr roups. Unfortunately, due to the ature of the groups, we cannot o	low cost and	nber of participants is not ommences. Building Bloo r reason. This is due to ad	cks OT has a strict NO REFUND policy for Iministrative and organisational time, th
	NDIS Participant. Please invoice the Pla or Self-Managed NDIS Participant, pleas	<u> </u>	
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.