

## October 2024 Holiday Groups Registration Form – HORNSBY

Child's Name:	DO	DB:	Grade in 2024:
Parent Name:	Mobile:	Email:	
Address:			P/C
Please tick your choices for: Week 1: Starting MONDAY 30th September or Week 2: Starting TUESDAY 8th October			
Please tick Fee for p	rogram: 5 DAY GROUP 4 DAY GROUP	□ \$450 - WITH REP □ \$370 - WITH REP	
NEW! Play Pals	PLOIY SKILLS Years K-2 Week 2, 09.00am—10.00am	4 Days only	
The Incredible Flexible You	Social Thinking Years K-2 Week 1, 9:15am-10:15am K-Yr2		
Fabulous Food Play!	Fabulous Food Play       Pre-school—Year 2         This program is designed to offer food exposure and positive interactions with food       Image: State of the sta		
NEW! Social Stars	Social Communication Skills Years K-2 Week 1, 9:00am-10:00am		
NEW! Super Solvers	Problem Solving Years 3-6 Week 1, 10.30am-11.30am		
NEW! CO EMOTION OS	Emotional Recognition Skills Years 3-6 Week 2, 10.30am-11.30am 4 Days only		
Holiday Handwriting	Holiday Handwriting	ars K-2 🛛 Week 2, 9:15	am-10:15am Years 3-6 4 Days only
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 pro- cessed 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:         My child is a Plan-Managed NDIS Participant, please charge my credit card:         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:
	sure you tick all haves to advice if y		and that the Amount matches
*Please ensure you tick all boxes to advise if you want a report or not, and that the Amount matches. Building Blocks Occupational Therapy			
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