

OCCUPATIONAL THERAPY

'building * developing * excelling'

October 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 30th September** or Week 2: Starting **Tuesday 8th October**

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




EMOTION EXPLORERS

Emotional Regulation Skills Group

Week 1, **10.30-11.30am** Kindy-Yr2

Week 2, **10.45-11.45am** Kindy-Yr2




We Thinkers!

Social Thinking

The next step after Incredible Flexible You

Week 2, **09.00-10.00am** 4 days only



BB TRIBE

Social Thinking

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

Week 1, **09.15-10.15am** 4 days only



Holiday Handwriting Happenings

Holiday Handwriting

Week 1, **09.00-10.00am** Kindy-Yr2



Fabulous Food Play!

Fabulous Food Play

This program is designed to offer food exposure and positive interactions with food.

Week 1, **10:45-11:45am** 4 days only

Week 2, **09.15-10.15am** 4 days only

\$410- **WITH** REPORT \$360 - **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: _____ *Amount: \$ _____