

January 2025 Holiday Groups Registration Form - EPPING

Child's Name:		DOB:	Grade in 2025:
Parent Name:	Mobile:	Ema	ail:
Address:			P/C
Please tick your choices for: Week 1: Starting MONDAY 6 Jan, Week 2: Starting Monday 13 Jan, Week 3: Starting Monday 20 January Please tick Fee: 5 DAY GROUP \$450 - WITH REPORT \$400 - NO REPORT 4 DAY GROUP \$370 - WITH REPORT \$320 - NO REPORT			
Intensive School Readiness Program For preschoolers commencing Kindergarten in 2025 This is our 6-week program condensed into 5 days. Week 3, 20 January 9:15am-10:15am \$470 - WITH REPORT			
The Incre Flexible			Conversation Skills Years 3-6 Week 3, 21 January 9:00-10:00am 4 DAYS ONLY
	Food Explorers Years P-2 This program is designed to offer food exposure & consitive interactions with food Week 3, 21 January 11:00-12:00pm \$410 - WITH REPORT \$360 - NO REPORT 4 DAYS ONLY	FOOD SHENTISTS	Food Scientists Years 3-6 This program is designed to offer food exposure, positive interactions & beginner prep and cooking skills Week 2, 13 Jan 9:15-10:15am \$500 - WITH REPORT \$450 - NO REPORT
Emotional Recognition Skills Years K-2 Week 1, Tuesday 7 January 9:15-10:15 4 DAYS ONLY Week 2, 13 January 11:00am-12:00pm			
TRANSITION TO HIGH SCHOOL Transition to High School Program – Year 6 Help to prepare Year 6 students with the transition from Primary to High School Week 2, 13 January 10:45-11:45am			
Holiday Handwriting Happenings	Holiday Handwrit Years K-2 ☐Week 2, 13 Years 3-6 ☐Week 1, Tu	January 9:00-10:00am	nm-11:45am 4 DAYS ONLY
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	e:/
			\$
*Please ensure you tick all boxes to advise if you want a report or not, and that the Amount matches.			



