

January 2025 Holiday Groups Registration Form – HORNSBY

Child's Name: _____ DOB: _____ Grade in 2025: _____

Parent Name: _____ Mobile: _____ Email: _____

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 for most programs: 5 DAY GROUP \$450 - WITH REPORT \$400 - NO REPORT



Intensive School Readiness Program

For preschoolers commencing Kindergarten in 2025 This is our 6-week program condensed into 5 days.

Week 2, **13 January** 9:15am-10:15am \$470 - WITH REPORT



The Incredible Flexible You

Social Thinking Years P-2

Week 1, **6 January** 9:15am-10:15am K-Yr2

We Thinkers!

Social Thinking *The Next Step after Incredible Flexible You*

Week 3, **20 January** 10:45-11:45am *Check with therapist if suitable for your child*



Food Explorers Pre-school—Year 2

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

Week 2, **13 January** 10:30-11:30am

\$500 - WITH REPORT \$450 - NO REPORT



Play Skills Years K-2

Week 3, **20 January** 9:15-10:15am



Conversation Skills Years K-2

Week 3, **20 January** 9:30-10:30am



Emotional Recognition Skills Years K-2

Week 2, **13 January** 9:30-10:30am



Holiday Handwriting

Years K-2 Week 1, **6 January** 10:30am-11:30am Week 3, **20 January** 10:30-11:30am

Years 3-6 Week 2, **13 January** 10:45am-11:45am

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.**

