

April 2025 Holiday Groups Registration Form - KARIONG

Child's Name:			DOB:		Grad	e in 2025:	
Parent Name:	Mobile:		Email:		l:		
Address:						P/C_	
Please tick your of Week 1: Starting	choices for: MONDAY 14 April (3	or 4 days)	or Wee	k 2: Startin	g TUESD <i>A</i>	AY 22 Apri	il (3 days)
<u>Please tick releva</u>	<u>ınt box:</u>						
Fee for program:	4 DAY GROUP 3 DAY GROUP	T -				•	NO REPORT NO REPORT
Did you know, I	holiday groups are	the most o	cost-eff	ective for	m of the	rapy at (\$90 per hour.
EMOTION CO EXPLORERS	Emotional Regula Learn to identify & understo ☐ Week 1, 4 days EXF	and emotions		☐ Week	2, 3 days	EXPRESSION	I OF INTEREST
HANDWRITING Buddies	Holiday Handwrit Our ever-popular handwriti U Week 1, 4 days EXF	ing program nov	w includes o	a buddy system		_	r participants I OF INTEREST
Social Stars	Conversations Skin A social group for social cor Week 1, 4 days EXF	mmunication an			2, 3 days	EXPRESSION	I OF INTEREST
FOOD SHENTISTS	Food Scientists Year Designed to offer food exposure, po. fun food facts, & beginner prep and Week 1 or 2, EXPRESSION 3 day \$350-WITHREPORT 4 4 day \$450-WITHREPORT	sitive interactions, cooking skills N OF INTEREST \$300-NOREPORT	BI	S KID'S CAFE	For children ne Week 1 o 3 day \$37	or 2, express O-Withrepor O-Withrepor	5 3-6 Deating & social skills SION OF INTEREST □ \$320-NOREPORT □ \$420-NOREPORT
	e through many private health fun right to cancel any group if the mir		participants	is not reached, o	due to circum	nstances beyond	d our control. Payments

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 M My child is a Private Client or Self-Managed NDIS Participant, please cha	*Amount: \$			
Name on card:	Card Type:			
Credit card number:	Expiry date:	_/	CCV:	
Card holder's signature:	*Amount: \$			



