

July 2025 Holiday Groups Registration Form - EPPING

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Child's Name:		DOB:		Grade in 2025:	Grade in 2025:	
Parent Name:	1	Mobile:	Em	ail:		
Address:				P/C		
Please tick your ch Week 1: Starting M Please tick relevan	ONDAY 7 or TUESDA	AY 8 JULY (4	4 day gp).or Wee	ek 2: Starting MON	NDAY 14 JULY	
Fee for program:	5 DAY GROUP 4 DAY GROUP	•	WITH REPORT WITH REPORT	•	- NO REPORT - NO REPORT	
Did you know, h	oliday groups are	the most o	ost-effective fo	rm of therapy a	t \$90 per hour.	
EXPLORERS LA	motional Regulater to identify & understar Week 1, Lvl 1 10:45-11: Week 2, Lvl 2 10:30-11:	nd emotions 45am K-Yr2		Play Pals A fun program designe children develop play s Week 2, 9:00-10:	ed to help young skills :00am Pre-2	
	Holiday Handwrit Our ever-popular handwrit Week 1, 9:15-10:15a	ing program nov		m between younger & ol pression of Interest	der participants	
Social Constant	Onversation Skills ocial group for social comm oversation skills. Week 2, 09:30-10:30am	nunication and	An ac comm	Vanced Conversal dvanced social group for s nunication and conversal Veek 1, 10:30-11:30am	social tion skills.	
	Food Explorers Yea Designed to offer food exposure 8 interactions with food Week 1, 9:00-10:00am \$450 - WITH REPORT \$400 - NO REPORT	a positive	FOOD	Food Scientist. Designed to offer food exporting fun food facts, & beginner produced by the food facts of the facts of the food facts of the f	osure, positive interactions, orep and cooking skills -12:00pm DRT	
Group programs are claimable t	hrough many private health fur	nds (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: \$			



