

July 2025 Holiday Groups Registration Form – KARIONG

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

Parent Name: _____ Mobile: _____ Email: _____

Address: _____ P/C _____

Please tick your choices for:

Week 1: Starting MONDAY 7 JULY or Week 2: Starting MONDAY 14 JULY

Please tick relevant box:

Fee for program: 5 DAY GROUP ☐ \$500 - **WITH** REPORT ☐ \$450 - **NO** REPORT

Did you know, holiday groups are the most cost-effective form of therapy at \$90 per hour.



Emotional Regulation Skills Level 1

Learn to identify & understand emotions

☐ Week 2, 9:15am—10:15am



HANDWRITING
Buddies

Holiday Handwriting Kindy -Year 6

Our ever-popular handwriting program now includes a buddy system between younger & older participants

☐ Week 1, 9:30am—10:30am



Food Explorers Years P-2

Designed to offer food exposure & positive interactions with food

☐ Week 2, 10:45-11:45am

☐ \$550 - WITH REPORT ☐ \$500 - NO REPORT

Future Group Ideas—What kind of group would you like to see offered in the future?

We're always looking to grow and improve the support we offer children during the school holidays. If there's a particular type of group you'd love to see—whether it's something we already offer or a new idea you think would benefit your child—please let us know below. Your suggestions help us shape programs that truly meet the needs of our families. (Feel free to share any ideas, topics, or areas of interest that would support your child's growth and wellbeing.)

Group programs are 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: \$ _____

