

## SEPT 2025 Holiday Groups Registration Form - EPPING

Child's Name:		DC	DB:	Grade in 2025:				
Parent Name:		Mobile:	Email:					
Address:				P/C				
Please tick your choi Week 1: Starting MOI Please tick relevant t	NDAY 29 S	SEPTEMBER_or Week 2	2: Starting TUESDA	Y 7 OCTOBER (	4 days)			
		OUP □ \$500 - <b>N</b> OUP □ \$410 - <b>N</b>		•	- <b>NO</b> REPORT - <b>NO</b> REPORT			
Did you know, holiday groups are the most cost–effective form of therapy at \$90 per hour.								
The Incre Flexible		SOCIAL Skills Pre - N Designed to introduce Socia  ☐ Week 1, 9:30am-10:3	l Thinking, address social	•	er interactions			
EMOTION EXPLORERS		Emotional Regulation Skills Pre - Yr2+  Learn to identify & understand emotions  Week 2, Lvl 1 10:30am - 11:30am 4 days Tuesday to Friday						
Food Explor	ers	Food Explorers Year  Designed to offer food expos  Week 2, 9:00-10:00ar   \$450*- WITH REPORT  (*Food play groups attract a hi	sure & positive interaction  4 days Tuesday to F  5400* - NO REI	<b>riday</b> PORT				
Future Group Idea	S – What k	ind of group would you						

We're always looking to grow and improve the supports 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 —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 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: \$			



