

Sept/Oct 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 29 SEPTEMBER** or Week 2: Starting **TUESDAY 7 OCTOBER (4 DAYS)**

Please tick relevant box:

Fee for program: 5 DAY GROUP ☐ \$500 - **WITH** REPORT ☐ \$450 - **NO** REPORT
 4 DAY GROUP ☐ \$410 - **WITH** REPORT ☐ \$360 - **NO** REPORT

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



Holiday Handwriting Group Kindergarten - Year 6

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

☐ Week 1, 10:30-11:30am **Monday to Friday**



The Incredible Flexible You

Social Skills Pre - Yr2+

Designed to introduce Social Thinking, address social-emotional skills & peer interactions

☐ Week 1, 9:00am-10:00am **Monday to Friday**

We Thinkers!

Social Skills Years K-3

Following on from Incredible Flexible You, this is Part 2 of a Social Thinking program for social-emotion skills and peer interactions

☐ Week 2, 9:00am -10:00am **4 days - Tuesday to Friday**



Fantastic Finger Fun

A fun program designed to develop fine motor and pre-writing skills in pre-school aged children.

☐ Week 2, 10:30-11:30am **4 days - Tuesday to Friday**

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 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: \$ _____

