

September 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 29 SEPTEMBER** or Week 2: Starting **TUESDAY 7 OCTOBER (4 days)**

Please tick relevant box:

Fee for program:	5 DAY GROUP	<input type="checkbox"/> \$500 - WITH REPORT	<input type="checkbox"/> \$450 - NO REPORT
	4 DAY GROUP	<input type="checkbox"/> \$410 - WITH REPORT	<input type="checkbox"/> \$360 - NO REPORT

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



The Incredible Flexible You

Social Thinking – Incredible Flexible You Pre-Yr 2

A Social Thinking group to help with peer play and social interactions.

☐ Week 1, 9:15am—10:15am

We Thinkers!

Social Thinking – We Thinkers! K-Yr 3

Following on from Incredible Flexible You, this is Part 2 of a Social Thinking program to help with peer play and social interactions.

☐ Week 2, 11:00am—12:00pm **4 days**

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 Therapy Hub 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: \$ _____

