



Registration Form – October 2008

Please complete and mail or fax back to Occupational Therapy Helping Children Pty Ltd to secure a place for your child in these popular groups. Once you have registered, we will phone you, as a reminder, the week before the group commences.

I hereby give permission for my son / daughter:

Child's Name: _____ Date of Birth: _____

School: _____ Year: _____

to attend the Funky Fingers group being held at: (please tick your choice)

LINDFIELD 1.00-2:30pm *From* Monday: 29th September, 2008 *To:* Friday: 3rd October, 2008

The group package is \$250 which is claimable from private health funds.

I understand that if I wish to discuss my child's progress I can contact you on 9913-3823.

PARENT DETAILS:			
Mother's Name:		Mobile:	
Father's Name:		Mobile:	
Home Phone:		Work:	
Address:			
		Postcode:	
Email Address:			
Parent's Signature:			

Please send payment by cheque or money order with your registration to:

Occupational Therapy Helping Children Pty Ltd

22 Marinna Rd, Elanora Heights 2101

or complete the credit card authority and post/fax to our office:

CREDIT CARD DETAILS			
Name on Card:			
Credit Card No:		Expiry Date:	
Card Holders Signature:		Type of card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard

Please note: We reserve the right to cancel the group if the minimum number of participants do not register or if our therapist is unwell. However, we will do everything we can to offer you an alternative arrangement

Office use only:	Group List:	Database:	Quickbooks:	Confirmation sent:		Inv No:	S
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