



# Kids Korner Kindergarten

## Registration Form – October 2008

Please complete and mail back, with your payment, 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 Kids Korner Kindergarten group being held at: (please tick your choice)

LINDFIELD 11.00am-12.00 From Monday: 29<sup>th</sup> September, 2008 To: Friday: 3<sup>rd</sup> 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 & 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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