

School Holiday Groups



Occupational Therapy Helping Children Pty Ltd

Phone: 9913 3823 Fax: 9913 3823

mail@occupationaltherapy.com.au

www.occupationaltherapy.com.au

Group Registration Form – October 2010

Please complete then mail or fax back to Occupational Therapy Helping Children Pty Ltd to secure a place for your child in these popular groups. Each group runs for 1 week, Monday to Friday, in the times specified below. Once you have registered, we will contact you the week before the group commences to remind you of your child's enrolment.

I hereby give permission for my son / daughter:

Child's Name: _____ **Date of Birth:** _____

School: _____ **Year:** _____

To attend please indicate by putting a cross in the relevant box for the Group, Location & Week:

Leaping Into School School Readiness	9-10.30am	Monday 27 th Sep to Friday 1 st Oct - Crows Nest clinic
	9-10.30am	Monday 27 th Sep to Friday 1 st Oct – Lindfield clinic
Kids Korner Kindergarten Kindergarten at School	11:00-12pm	Monday 27 th Sep to Friday 1 st Oct - Crows Nest clinic
	11:00-12pm	Monday 27 th Sep to Friday 1 st Oct – Lindfield clinic
Funky Fingers School years 1-2	1-2:30pm	Monday 27 th Sep to Friday 1 st Oct - Crows Nest clinic
	1-2:30pm	Monday 27 th Sep to Friday 1 st Oct – Lindfield clinic

The group package is \$250.00, which may be claimable from your private health fund.

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:			
Suburb:		Postcode:	
Email Address:			
Parent's Signature:			

Please send payment by cheque
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 9913 3823.

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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