**GYMWORKS ENROLMENT FORM 2024**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2024** | **Monday**  | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| Makeup |  |  |  |  |  | 3 Feb |
| Week 1 | 5 Feb | 6 Feb | 7 Feb | 8 Feb | 9 Feb | 10 Feb |
| Week 2 | 12 Feb | 13 Feb | 14 Feb | 15 Feb | 16 Feb | 17 Feb |
| Week 3 | 19 Feb | 20 Feb | 21 Feb | 22 Feb | 23 Feb | 24 Feb |
| Week 4  | 26 Feb | 27 Feb | 28 Feb | 29 Feb | 1 March | **NO OT** |
| Week 5  | **NO OT PH** | 5 March | 6 March | 7 March | 8 March | 9 March |
| Week 6 | 11 March  | 12 March | 13 March | 14 March | 15 March | 16 March |
| Week 7 | 18 March | 19 March | 20 March | 21 March | 22 March | 23 March |
| Week 8 | 25 March | 26 March | 27 March | 28 March | 29 March | 30 March |
| Makeup | 1 April |  |  |  |  |  |

Gymworks OT breaks for the summer holidays, December till February, except for a 1-week holiday programme between 15-19 January. To assist with our planning for 2024 we ask if you would kindly complete the following information and return to your Occupational Therapist if you wish to reenrol next year**. There may be some opportunity to do a few individual sessions over the summer break if you are interested. Please ask your OT.**

We will put together our timetable in December and advise you ASAP with your therapy placement **for commencement of the term on Sat 3 February**. The age of your child determines the likely time as we generally see pre-kindy to kindy children in the morning, pre-primary children from noon-3pm and school age children 3:15-5:30pm, and they also have preference for Saturdays. If you have any changes to your requests, please email Shana Bargiev info@gymworksot.com.au. If you wish to organise a case conference with your child’s new teacher in 2024, please indicate at the bottom of the form.

**PARENT DETAILS**

|  |  |
| --- | --- |
| Parents’ Name/s: |  |
| Address: |  |
| Home Telephone No: |  | Mobile telephone No: |  |
| **Email Address:** |  |
| Emergency Contact: |  | Day Time Telephone No: |  |

**CHILDREN’S DETAILS. Please make sure you write your child’s full name in the box**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** | sex | Date of Birth | NDISRegistered? | School Year **2024** | Child’s Current OT |
| **1**. |  |  |  |  |  |
| **2.** |  |  |  |  |  |

**PREFERRED DAY** Please mark 1 for first preference through to 3

Monday\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_ Weds \_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_ Sat \_\_\_\_\_\_\_

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| --- |
| **COMMENTS: E.g., Is individual therapy support been advised by your OT.** |
|  |

**School case conference required term 1:** □ Yes □ No

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| --- |
| **School contact details:** |
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