**GYMWORKS ENROLMENT FORM 2025**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2025** | **Monday**  | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| Make up |  |  |  |  |  | 8 Feb |
| Week 1 | 10 Feb | 11 Feb | 12 Feb | 13 Feb | 14 Feb | 15 Feb |
| Week 2 | 17 Feb | 18 Feb | 19 Feb | 20 Feb | 21 Feb | 22 Feb |
| Week 3 | 24 Feb | 25 Feb | 26 Feb | 27 Feb | 28 Feb | **No Therapy**  |
| Week 4  | **Public Holiday** | 04 March | 05 March | 06 March | 07 March | 08 March |
| Week 5  | 10 March | 11 March | 12 March | 13 March | 14 March | 15 March |
| Week 6 | 17 March  | 18 March | 19 March | 20 March | 21 March | 22 March |
| Week 7 | 24 March | 25 March | 26 March | 27 March | 28 March | 29 March |
| Week 8 | 31March | 01 April | 02 April | 03 April | 04 April | 05 April |
| Makeup | 07 April |  |  |  |  |  |

Gymworks OT breaks for the summer holidays (December until February), except for a 1-week Holiday Program. To assist with our planning for 2025, 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 8th 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 info@gymworksot.com.au. If you wish to organise a case conference with your child’s new teacher in 2025, 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 **2025** | Child’s Current OT |
| **1**. |  |  |  |  |  |
| **2.** |  |  |  |  |  |

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

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

|  |
| --- |
| **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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