

GYMWORKS ENROLMENT FORM 2027

2027	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	8 Feb	9 Feb	10 Feb	11 Feb	12 Feb	13 Feb
Week 2	15 Feb	16 Feb	17 Feb	18 Feb	19 Feb	20 Feb
Week 3	22 Feb	23 Feb	24 Feb	25 Feb	26 Feb	No therapy
Week 4	Public Holiday	2 March	3 March	4 March	5 March	6 March
Week 5	8 March	9 March	10 March	11 March	12 March	13 March
Week 6	15 March	16 March	17 March	18 March	19 March	20 March
Week 7	22 March	23 March	24 March	25 March	26 March	27 March
Week 8	29 March	30 March	31 March	No class	Public Holiday	Public Holiday
Make up	Public Holiday	No class	No class	8 April	9 April	10 April

Gymworks OT breaks for the summer holidays (December until February), except for a 1-week Holiday Program. To assist with our planning for 2027, we ask if you would kindly complete the following information and return to your Occupational Therapist if you wish to enroll 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 Monday 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 2027, 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	NDIS Registered?	School Year 2027	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

School contact details: