



Special Support
 PO Box 983
 North Adelaide SA 5006

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 Email: admin@specialsupport.com.au

School Holiday Program Enrolment Form (Dec 03 – Jan 04)

All groups held at 1 Le Hunte Avenue, Prospect.

Relaxation and Massage Mondays 5 – 16 years \$20

22 nd December	3:30 – 4:30 <input type="checkbox"/>
5 th January	3:30 – 4:30 <input type="checkbox"/>
12 th January	3:30 – 4:30 <input type="checkbox"/>
19 th January	3:30 – 4:30 <input type="checkbox"/>
26 th January	3:30 – 4:30 <input type="checkbox"/>

Teen Social Club Tuesdays 12 – 16 years \$15

16 th December	7:00 – 9:00 <input type="checkbox"/>
23 rd December	7:00 – 9:00 <input type="checkbox"/>
6 th January	7:00 – 9:00 <input type="checkbox"/>
13 th January	7:00 – 9:00 <input type="checkbox"/>
20 th January	7:00 – 9:00 <input type="checkbox"/>
27 th January	7:00 – 9:00 <input type="checkbox"/>

Art & Craft & Drama Wednesdays 5 – 8 & 9 – 12 years \$20

5 – 8 years		9 – 12 years	
17 th December	10:00 - 12:00 <input type="checkbox"/>	17 th December	1:30 – 3:30 <input type="checkbox"/>
24 th December	10:00 - 12:00 <input type="checkbox"/>	24 th December	1:30 – 3:30 <input type="checkbox"/>
7 th January	10:00 - 12:00 <input type="checkbox"/>	7 th January	1:30 – 3:30 <input type="checkbox"/>
14 th January	10:00 - 12:00 <input type="checkbox"/>	14 th January	1:30 – 3:30 <input type="checkbox"/>
21 st January	10:00 - 12:00 <input type="checkbox"/>	21 st January	1:30 – 3:30 <input type="checkbox"/>
28 th January	10:00 - 12:00 <input type="checkbox"/>	28 th January	1:30 – 3:30 <input type="checkbox"/>

Aspergers & Me Thursdays 8 – 16 years \$20

18 th December	2:30 – 4:00 <input type="checkbox"/>	18 th December	5:00 – 6:30 <input type="checkbox"/>
8 th January	2:30 – 4:00 <input type="checkbox"/>	8 th January	5:00 – 6:30 <input type="checkbox"/>
15 th January	2:30 – 4:00 <input type="checkbox"/>	15 th January	5:00 – 6:30 <input type="checkbox"/>
22 nd January	2:30 – 4:00 <input type="checkbox"/>	22 nd January	5:00 – 6:30 <input type="checkbox"/>

Participant Details:

Name: _____ Age: _____

Address: _____

Contact Person: _____ Phone: _____

Your child may attend as many sessions as you wish. Please note that prices are per session.

Mail to Special Support at above address. To guarantee your child a place please return this form with the deposit no later than January 7th 2004. Please make cheques/money orders payable to Special Support.