

Holiday Programme December 2011 Registration Form

Child's Name:

Emergency Contact Name:

Contact Numbers:

How did you hear about Youthtowns Holiday Programme:

Been here before Brochure from School Friend/ Family member Internet search Other

Week One: 10 th – 16 th December 2011							
Daily Cost	Monday 10th	Tuesday 11th	Wednesday 12th	Thursday 13th	Friday 16th	Totals	
\$28 per day 8:30am – 4:30pm Extra Care: AM: 7.00am-8:30am PM: 4:30pm-6.00pm \$5.00 per session	After School Programme	After School Programme	After School Programme	After School Programme	<input type="checkbox"/> 5-6 Years <input type="checkbox"/> 7-9 Years <input type="checkbox"/> 10-13 years <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care		
	Week Two: 19th – 23rd December 2011					\$	
	Monday 19th	Tuesday 20th	Wednesday 21st	Thursday 22nd	Friday 23rd	Totals	
	<input type="checkbox"/> 5-6 Years <input type="checkbox"/> 7-9 Years <input type="checkbox"/> 10-13 years <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> 5-6 Years <input type="checkbox"/> 7-9 Years <input type="checkbox"/> 10-13 years <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> 5-6 Years <input type="checkbox"/> 7-9 Years <input type="checkbox"/> 10-13 years <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> 5-6 Years <input type="checkbox"/> 7-9 Years <input type="checkbox"/> 10-13 years <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> 5-6 Years <input type="checkbox"/> 7-9 Years <input type="checkbox"/> 10-13 years <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care		
PREPAYMENT REQUIRED TO CONFIRM A SPACE	<i>I give permission for my child to attend the indicated Youthtown Holiday Programme days, including on and off site activities. Signed:</i>					\$	
						Total Amount	Date Paid & Receipt No.
						\$	

Office Use Only:

OSCAR subsidy Special Needs

Extra care details: _____

Entered into Spreadsheet

Medical Form Notes: _____

Staff: _____