

YOUTH TOWN Central Registration Form (7-13 Programme)

Child's Name: _____

Emergency Contact Name: _____

Contact Numbers: _____

How did you hear about Youthtowns Holiday Programme:

Been here before

Brochure from School

Brochure/ Poster from my business

The Aucklander

Friend/ Family member

DAYTRIP: PLEASE ENSURE THAT YOUR CHILD ARRIVES NO LATER THAN 9AM AND MUST BRING A PACKED LUNCH

KEY	WEEK ONE: Monday 21 st April – Thursday 24 th April 2008					\$ Totals	Total Amount Pai
Programme: \$14 flatrate 8:30am – 4:30pm Extra Care: Before 7:00am-8:30am or 4:30pm to 6.00pm \$5.00 per session Day Trip: Amount stated is the flat rate. Cost includes daily admission	Monday 21st	Tuesday 22nd	Wednesday 23rd	Thursday 24th	CLOSED ANZAC DAY		
	<input type="checkbox"/> Programme	<input type="checkbox"/> Programme	<input type="checkbox"/> Programme	<input type="checkbox"/> Programme			
	<input type="checkbox"/> (AM)Extra Care	<input type="checkbox"/> (AM)Extra Care	<input type="checkbox"/> (AM)Extra Care	<input type="checkbox"/> (AM)Extra Care			
	<input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> (PM)Extra Care			
	<input type="checkbox"/> Daytrip:	<input type="checkbox"/> Daytrip:	<input type="checkbox"/> Daytrip:	<input type="checkbox"/> Daytrip			
	ACTIVZONE & BUMPER BOATS \$27.00	CLIP&CLIMB AND POTTERS PARK \$22.00	RAINBOWS END \$35.00	NIKAU CAVES & BUSHWALK \$25.00 OUTDOOR EXPERIENCE <small>Kayak, Fishing, Blo-Karts</small> \$25.00			
<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V			
	WEEK TWO: Monday 28 th April – Friday 2 nd May 2008					\$ Totals	Receipt Number
LUNCH C = Chicken H = Ham V = Veg <i>All lunches cost \$5.00, This includes 2 pieces of fruit, drink, filled roll & muesli bar</i>	Monday 28th	Tuesday 29th	Wednesday 30th	Thursday 1st	Friday 2nd		
	<input type="checkbox"/> Programme	<input type="checkbox"/> Programme	<input type="checkbox"/> Programme	<input type="checkbox"/> Programme	<input type="checkbox"/> Programme		
	<input type="checkbox"/> (AM)Extra Care	<input type="checkbox"/> (AM)Extra Care	<input type="checkbox"/> (AM)Extra Care	<input type="checkbox"/> (AM)Extra Care	<input type="checkbox"/> (AM)Extra Care		
	<input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> (PM)Extra Care	<input type="checkbox"/> (PM)Extra Care		
	<input type="checkbox"/> Daytrip:	<input type="checkbox"/> Daytrip:	<input type="checkbox"/> Daytrip	<input type="checkbox"/> Daytrip	<input type="checkbox"/> Daytrip:		
	EXTREME TRAMPS & AUCKLAND LUGE \$35.00	BUTTERFLY CREEK & MINI-GOLF \$28.00	RAINFOREST EXPRESS \$25.00	IMAX MOVIES \$22.00 ROLLER DAY <small>***Must sign up</small>	WAIWERA \$20.00		
<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V	<input type="checkbox"/> Lunch C,H or V		

DAYTRIPERS: I give my parental consent for my child/children named to participate on indicated trips

Parent Signature: _____

Office use only:

Oscar subsidy Special Needs Extra Care details: _____

Entered into registers Medical Form Notes: _____ Staff _____