



Central Registration Form (JUNIOR PROGRAMME - Compulsory Daytrips)

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 7 th – Friday 11 th July 2008 | | | | | | | |
|---|--|--|--|--|--|--|-------------------|--|
| 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 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 7 th | Tuesday 8 th | Wednesday 9 th | Thursday 10 th | Friday 11 th | \$ Totals | Total Amount Paid | |
| | <input type="checkbox"/> Programme | | | <input type="checkbox"/> Programme | | | | |
| | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | | |
| | <input type="checkbox"/> Shared Lunch | <input type="checkbox"/> Daytrip: | | <input type="checkbox"/> Daytrip | <input type="checkbox"/> Daytrip | | | |
| | IN-HOUSE SHARED LUNCH \$16.00 | RAINFOREST EXPRESS \$34.00 | IN-HOUSE | FUNKY MONKEYS \$25.00 | KELLY TARLTONS \$25.00 | | | |
| Not available | Not available | <input type="checkbox"/> Lunch C,H or V | Not available | Not available | | | | |
| | WEEK TWO: Monday 14 th – Friday 18 th July 2008 | | | | | | | |
| | Monday 14 th | Tuesday 15 th | Wednesday 16 th | Thursday 17 th | Friday 18 th | \$ Totals | Receipt Number | |
| <input type="checkbox"/> Programme | | | | | <input type="checkbox"/> Programme | | | |
| <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | <input type="checkbox"/> (AM)Extra Care <input type="checkbox"/> (PM)Extra Care | | | |
| | <input type="checkbox"/> Daytrip: | <input type="checkbox"/> Daytrip: | <input type="checkbox"/> Daytrip | <input type="checkbox"/> Daytrip | | | | |
| IN-HOUSE | TEDDY BEAR FACTORY&GARDENS \$35.00 | KIWI VALLEY FARM PARK \$27.00 | SYLVIA PARK MOVIES & \$2 SHOP \$25.00 | IN-HOUSE | | | | |
| <input type="checkbox"/> Lunch C,H or V | Not available | Not available | Not available | <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 _____ Date: _____