

# YOUTHTOWN JULY 2008 Panmure Registration Form

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

KEY	Week One: Monday 7 <sup>th</sup> July – Friday 11 <sup>th</sup> July 2008						
<p><b>In House:</b> \$12 flat rate 8:30am – 4:30pm</p> <p><b>Extra Care:</b> AM: 7.30am-8:30am PM: 4:30pm-5.30pm \$5.00 per session</p> <p><b>Day Trip:</b> Amount stated is the flat rate for the selected day.</p> <p><b>Lunches:</b> \$5.00/day Includes: 1 Filled Roll (chicken, ham or vegetarian. Circle on selected days), Muesli Bar, 2 pieces of Fruit and a drink.</p> <p><b>Prepayment required to confirm a place.</b></p>	Monday 7 <sup>th</sup>	Tuesday 8 <sup>th</sup>	Wednesday 9 <sup>th</sup>	Thursday 10 <sup>th</sup>	Friday 11 <sup>th</sup>	\$ Totals	Receipt #
	<input type="checkbox"/> In House (Optional)	<input type="checkbox"/> In House (9-14 years only)	NO In House	<input type="checkbox"/> In House (5-8 years only)	<input type="checkbox"/> In House (Optional)	In House \$_____	
	<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	Extra Care \$_____	
	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	Lunches \$_____	
	<input type="checkbox"/> DAY TRIP <b>Optional for Everyone</b> <b>Crystal Mountain!</b> \$26.00	<input type="checkbox"/> DAY TRIP <b>5-8 year olds only</b> <b>McDonalds &amp; Maritime Museum!</b> \$26.00	<input type="checkbox"/> DAY TRIP ONLY <b>Everyone</b> <b>Movies &amp; Swimming!</b> \$28.00	<input type="checkbox"/> DAY TRIP <b>9-14 year olds only</b> <b>Ten Pin Bowling &amp; Ice Skating!</b> \$30.00	<input type="checkbox"/> DAY TRIP <b>Optional for Everyone</b> <b>MOTAT!</b> \$21.00	Day Trips \$_____	<b>Week 1 Total</b> \$_____
Week Two: Monday 14 <sup>th</sup> July – Friday 18 <sup>th</sup> July 2008							
	Monday 14 <sup>th</sup>	Tuesday 15 <sup>th</sup>	Wednesday 16 <sup>th</sup>	Thursday 17 <sup>th</sup>	Friday 18 <sup>th</sup>	\$ Totals	Receipt #
	<input type="checkbox"/> In House (Optional)	<input type="checkbox"/> In House (9-14 years only)	NO In House	<input type="checkbox"/> In House (5-8 years only)	<input type="checkbox"/> In House (Optional)	In House \$_____	
	<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	Extra Care \$_____	
	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	<input type="checkbox"/> Lunch C V H	Lunches \$_____	
	<input type="checkbox"/> DAY TRIP <b>Optional for Everyone</b> <b>Auckland Zoo &amp; Western Springs Park!</b> \$24.00	<input type="checkbox"/> DAY TRIP <b>5-8 year olds only</b> <b>The Teddy Factory!</b> \$32.00	<input type="checkbox"/> DAY TRIP ONLY <b>Everyone</b> <b>Westwave Aquatic Centre!</b> \$20.00	<input type="checkbox"/> DAY TRIP <b>9-14 year olds only</b> <b>Rock Climbing &amp; Laser Skirmish!</b> \$32.00	<input type="checkbox"/> DAY TRIP <b>Optional for Everyone</b> <b>Hoyts Movie! (with combo)</b> \$23.00	Day Trips \$_____	<b>Week 2 Total</b> \$_____

I would like to purchase the July Holiday Programme CD of 200-400 photos for \$5.00

GRAND TOTAL \$\_\_\_\_\_

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

OFFICE ONLY:

Oscar subsidy

Special Needs

Medical Form