



REGISTRATION FORM

Please circle WEEK or DAY/S

WEEK ONE: JANUARY 2019

ALL WEEK / MON 21ST / WED 23RD / FRI 25TH

Please circle FULL DAY/S or HALF DAY/S

FULL DAYS 9am-5pm / HALF DAYS 9am-12.30pm or 1.30pm-5pm

I WOULD LIKE TO PAY BY:

CASH
 BANK DEPOSIT – TSB BANK 15-3945-0132954-00 Ref: Name

***ALL REGISTRATIONS MUST BE PAID IN ADVANCE UNLESS PAYING BY CASH ON THE DAY**

PRICING:

HALF DAY SINGLE \$25pp

HALF DAY 1 WEEK \$70pp

FULL DAY SINGLE \$35pp

FULL DAY 1 WEEK \$100pp

CHILDS NAME	
DOB	
PARENT/GUARDIAN NAME	
ADDRESS	
EMAIL	
CONTACT NUMBERS	(M) (H)

EMERGENCY CONTACTS
(MUST HAVE TWO CONTACTS AND TWO NUMBERS)

NAME	
RELATION	
CONTACT NUMBERS	(M) (H)

NAME	
RELATION	
CONTACT NUMBERS	(M) (H)

CHILDS MEDICAL NOTES:
(ANY PARTICULAR HEATH NEEDS WE SHOULD BE AWARE OF)

PARENT/GUARDIAN SIGNATURE

