

## Days booked in for:

(please tick the programme you would like to book)

Surf's Up (5-8 years)  Hang Ten (9-13 years)

**M 17.04.17** EASTER MONDAY

**T 18.04.17** Day AM overtime PM overtime AM & PM overtime

**W 19.04.17** Day AM overtime PM overtime AM & PM overtime

**T 20.04.17** Day AM overtime PM overtime AM & PM overtime

**F 21.04.17** Day AM overtime PM overtime AM & PM overtime

**M 24.04.17** Day AM overtime PM overtime AM & PM overtime

**T 25.04.17** ANZAC DAY

**W 26.04.17** Day AM overtime PM overtime AM & PM overtime

**T 27.04.17** Day AM overtime PM overtime AM & PM overtime

**F 28.04.17** Day AM overtime PM overtime AM & PM overtime

## Useful information

### Hours & prices

Day programme:	8:30AM - 4:30PM	\$30.00
AM overtime:	7.00AM - 8.30AM	\$8.00
PM overtime	4.30PM - 6.00PM	\$8.00
AM & PM Overtime:		\$14.00

**Location:** Upper Hutt Uniting Parish Hall,  
Benzie Avenue, Upper Hutt

### Booking information:

- All bookings must be made in person.
- Bookings must either be paid when booking or assigned to WINZ with correct forms.
- We do not operate on a casual walk-in basis.
- Cheques should be payable to H<sup>2</sup>O Xstream.
- We are unable to take bookings for the holiday programme via telephone.
- Places are subject to availability at the time we receive your booking and payment.
- If your child has a **medical condition or special requirements**, please supply additional information to assist us by letting Reception know at time of booking.
- Please ensure that your child arrives each day with the appropriate gear for the activities including lunch, snacks and liquids. We will be walking to most of the Upper Hutt venues. We may go for a swim at H<sup>2</sup>O Xstream at times not stated on the brochure. Please bring togs & towel everyday.

### Office Use Only:

Booking  Payment  WINZ to pay

Amount: \$ \_\_\_\_\_  Details checked & Forms filed

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Enrolment form

To register please return this form in person, one per child.

Childs name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **F / M**

Medical Information:(e.g. asthma, diabetes, special needs)  
\_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Postal address: (include suburb & postcode) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency contact details:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Day phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Pick up authorisation:

(additional people authorised to pick up your child)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent and permission:

a) I give my consent as the parent/caregiver of the child named above, to participate in all H<sup>2</sup>O Xstream Holiday Programme activities.

b) I give permission for the above child to leave the programme unsupervised and make their own way home at .....pm (please cross out (b) if not applicable)

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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