



PROGRAMME

Centre: _____

Age Group:

Wk 1	Mon	Tue	Wed	Thu	Fri
Wk 2	Mon	Tue	Wed	Thu	Fri
Wk 3	Mon	Tue	Wed	Thu	Fri
Wk 4	Mon	Tue	Wed	Thu	Fri
Wk 5	Mon	Tue	Wed	Thu	Fri

Age Group:

Wk 1	Mon	Tue	Wed	Thu	Fri
Wk 2	Mon	Tue	Wed	Thu	Fri
Wk 3	Mon	Tue	Wed	Thu	Fri
Wk 4	Mon	Tue	Wed	Thu	Fri
Wk 5	Mon	Tue	Wed	Thu	Fri

Total Programme Cost: \$ _____

Total Programme Cost: \$ _____

PARTICIPANT DETAILS

CHILD 1
Name: _____ Date of Birth: _____ Gender: Male Female
Medical conditions, illnesses, or allergies? _____
Dietary considerations: _____

CHILD 2
Name: _____ Date of Birth: _____ Gender: Male Female
Medical conditions, illnesses, or allergies? _____
Dietary considerations: _____

GUARDIAN DETAILS

Parent/Guardian 1 Name: _____ Gender: Male Female

Parent/Guardian 2 Name: _____ Gender: Male Female

Address: _____

Phone (h): _____ Phone (m): _____ Phone (w): _____

What ethnicity you most identify with: European Maori Pasifika Asian Other _____

Email: _____

I would like to keep up to date with related programmes, news & events from Manukau Leisure.

Family Doctor: _____ Phone: _____

Person(s) authorised to collect my child(ren):

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Person(s) denied access to my child(ren) (please provide a copy of the court order) _____

By checking this box I confirm that all of the above information is correct to the best of my knowledge and authorise the above child/ren to the care and programmes provided by Manukau Leisure as stated above.

Payment is required at the time of enrolment within chosen centre. Terms & conditions will be printed on your programme confirmation. These must be signed prior to commencing your chosen activity.

Once you have completed the form please save the file to your desktop and send to the email address of the centre at the top of this form.

OFFICE USE
Date entered into session: _____ Course Code: _____ Amount Paid: _____
Staff Member: _____ Staff Signature: _____