

There are **ONLY 40 SPACES** available, please enrol quickly, there are no guarantees that there will be a space for your child, **NO REFUNDS**

The Programme is for the days & dates stated only.

PARENTS/CAREGIVERS

I give permission for my child(ren) to sign themselves in and out of the programme. I would like my child to attend the programme. I understand that the organisers will not accept any liability for a loss or damage to his/her property.

I understand every care possible will be taken for the safety of my child.

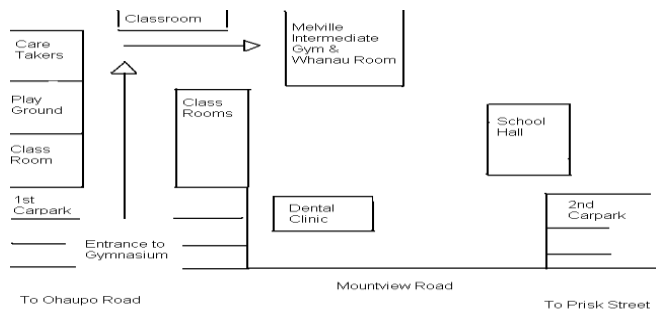
I give my consent for any first aid to be administered in the event of an injury to my child, and for the organisers to seek medical help if necessary & I will be liable for any costs related to seeking medical help.

I agree to have my child's photo or any footage recorded during our holiday programme to be used by the Glenview Community Centre for their Website, Social Media ie; Facebook or any Promotional Material.

Parents/Caregivers, you will be asked to collect your child if they demonstrate disruptive behaviour and the child will be excluded from the programme. NO REFUNDS!

Information is kept in accordance with Privacy Act 1993, any amendments to the Act and any other relevant legislation. Your child's information will also be available for MSD/Oranga Tamariki staff to view records for auditing purposes.

Both a Holiday Programme Complaints Register and Policies & Procedures are available for your perusal at our sign in desk.



Name: _____

Signature of Parent/Caregiver: _____

Relationship to Child: _____

CHILDREN MUST BRING MORNING TEA, LUNCH, DRINK BOTTLE, SUNSCREEN & HAT (Going to the shop is forbidden)

FULL PAYMENT IS REQUIRED WHEN BOOKING

GLENVIEW COMMUNITY CENTRE
PRESENTS

5 PHAT DAYS



HOLIDAY PROGRAMME

WHEN?

Monday 1st October - Friday 5th October

WHERE?

Melville Intermediate School Gymnasium
Mount View Road, Hamilton

PROGRAMME STARTS 7.30am – 5.30pm
(unless otherwise stated)

We cannot supervise your children before 7.30am or after 5.30pm
(late fees will apply)

COST?

\$150 per week

\$35 Daily Rate (at venue)

\$50 Daily Rate (Hamilton excursion)

\$60 Daily Rate (out of Hamilton excursion)

We are O.S.C.A.R accredited WINZ subsidies may apply

For ages 6 to 14 years

(If paying by cheque please make out to Glenview Community Centre or
Internet Banking: ASB 12-3152-0253406-000)

Need to reach the Co-ordinator for the program?

Rou Toa Mobile: 021 999 512 or our office

Ph: 07 843 2600 Email: glenviewcent@gmail.com

Website: www.glenviewcommunitycentre.co.nz

PO Box 8014, Hamilton 3245

5 PHAT DAYS



Monday 1st October (7.30am-5.30pm)

5 Phat Days BIG Game Challenge

(Connect 4, Stacker Cups, Fear Factor)

Drop off & Pick up at Melville Intermediate School Gymnasium

Tuesday 2nd October (7.30am-5.30pm)

5 Phat Days Art & Craft Day (Piggy banks, Paper planes, Sock puppets)

Drop off & Pick up at Melville Intermediate School Gymnasium



Wednesday 3rd October (7.30am-5.30pm)

5 Phat Days Got Talent (Singstar, Sock Puppet Show, Quiz)

Drop off & Pick up at Melville Intermediate School Gymnasium

Thursday 4th October (7.30am-5.30pm)

5 Phat Days Pasifika Olympics Day (Dress & Represent your country)

Drop off & Pick up at Melville Intermediate Gymnasium



Friday 5th October (7.30am-5.30pm)

5 Phat Days BIG Day Out @ Butterfly Creek, Rocket Ropes or Lock n Load

Pick up at Melville Intermediate Carpark

First in first served applies!!

FULL PAYMENT WILL CONFIRM YOUR CHILDS SPACE

Return form no later than Friday, 21st September

Need to reach the Co-ordinator for the program?

Rou Toa on 021 999 512 or our office

Ph: 07 843 2600 Email: glenviewcent@gmail.com

Website: www.glenviewcommunitycentre.co.nz

Child/rens Name(s)	1. 2. 3. 4.
Age(s) & Birthdate(s)	1. 2. 3. 4.
Address & Postcode	
School(s) Attending	
Parent/Caregivers Name	
Relationship to Child	
Phone No	
Email Address	
Emergency Contact Person (must be a minimum of 2 contact details)	
24 hr contactable	
Emergency Phone No	
Relationship to Child	
Name of Person(s) authorised to collect child/ren	
Medical conditions (i.e....Asthma)	1. 3. 2. 4.
Medication required What	1. 3. 2. 4.
When	1. 3. 2. 4.
How much	1. 3. 2. 4.
Family Doctor	
Phone Number	
Other information that could be helpful eg: bus sickness, allergies to animals or food	
Is your child/ren a confident swimmer?	Child 1. Yes/No Child 2. Yes/No Child 3. Yes/No Child 4. Yes/No
Are you applying for a WINZ/OSCAR Subsidy (Full payment or letter of confirmation from WINZ before holiday programme starts is required)	Yes No If yes, you must return enrolment & \$20 deposit to confirm your space

Please make cheques payable to Glenview Community Centre or for Internet Banking ASB: 12-3152-0253406-00. The info that you provide gives us an accurate record of your child on the programme and provides vital information in case of an Emergency