

## BOOKING FORM

### **KINDY GYM WEEKEND SESSION** (1 year walking-4years only)

- Sat 25 Feb *Theme: Super Heroes* 9.30am-10.30am \$4.50
- Sat 18 Mar *Theme: Fairies/Pirates* 9.30am-10.30am \$4.50
- Sun 2 April *Theme: Crazy Hair* 9.30am-10.30am \$4.50

No registrations required for these session s– just turn up. **Please note for pre-school children only**

*Please note below programmes require REGISTRATION  
two working days before programme commences*

### **BABY GYM** (beginner crawlers + crawlers)

- Mon 20,27 Feb & 6 Mar 11.15am-12noon \$21.00
- Wed 8,15,22,29 Mar & 5,12 Apr 11.15am-12noon \$42.00

### **MUSICAL TOTS** (one-off class) (1yr & walking-4 years old)

- Tue 28 Feb 11.00am-11.45am \$7.00
- Thu 9 Mar 9.30am-10.15am \$7.00

### **CREATIVE KIDDIES** (one-off class) (best suited to 2+4 years old)

- Thu 2 Mar *Theme: SeaWorld* 9.30am-10.15am \$7.00
- Mon 10 Apr *Theme: Easter* 11.00am-11.45am \$7.00

### **SPORTY STARS** (best suited to 3+4 years old)

- Thu 23 Mar 11.00am-11.45am \$7.00

### **GROOVY MOVERS** (best suited to 3+4 years old – but open age group)

- Thu 6 Apr 11.00am-11.45am \$7.00

**For more information** call check out our latest Pre-School Newsletter, check out our website [www.terauparaha-arena.co.nz](http://www.terauparaha-arena.co.nz) or phone 2373556 or email [lmcandrew@pcc.govt.nz](mailto:lmcandrew@pcc.govt.nz)

# PRE-SCHOOL PROGRAMMES

## BOOKING FORM

### ONE FAMILY PER BOOKING FORM PLEASE

For all pre-school activities, a parent or caregiver must stay with child

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

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

We understand that by enrolling in the programme we abide by any rules and policies of Te Rauparaha Arena (and parent body Porirua City Council).

Signature: \_\_\_\_\_

(Parent/Caregiver if participant is under 18 years)

Please only fill in these details if you are posting your booking

Please charge my Visa  Mastercard

Cardholder Name

Card number

Cardholder Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Method of payment: Credit Card  Eftpos  Cash  Cheque

Entered into CLASS:  Date entered: \_\_\_\_\_ Conf sent:



For further information please phone Lynda on 2373556

[www.terauparaha-arena.co.nz](http://www.terauparaha-arena.co.nz)