

All About Me – Toku Ahuatanga Whanui Registration Form

Please complete all sections and retain a copy of this form as your GST invoice.
Receipts will not be issued.

GST No. 62-097-388

Use one form for all your staff attending the same training cluster.

The more staff who attend this training the better the outcome for the children in your centre

To **qualify and receive** your 'All About Me' kit, **each site** will need to send:

- one supervisor or head teacher to the full day session, and
- at least 2 teaching staff to a half-day or evening session

Centre Information

Centre Name _____

Type of Centre _____ number of staff at site _____

E.g. Kohanga Reo, Kindergarten, etc

Centre location address _____

Centre mailing address _____

Email address _____

Day ph _____ Alt ph _____ Fax _____

Staff members enrolling (Complete over the page if more attending) **LOCATION ATTENDING:** _____

Head Teacher's Full day (9am-4pm) Name of person attending (\$90/pp)	Teaching staff afternoon session (1pm-4pm) Name of person attending (\$45/pp)	Teaching staff evening session (6.30pm-9.30pm) Name of person attending (\$45/pp)
First name		
Surname		
Total day fees:	Total ½-day fees	Total ½-day fees
\$	\$	\$

Total fees to pay: \$ _____

Note: a minimum of ten people per session will be required for this programme to proceed.

Payment Information

Fee: **Half-day:** \$45 Inc GST per person **Full day:** \$90 Inc GST per person

Payment options: (please tick one box)

1. **Paying by Cheque**
Complete this registration form and post with your cheque payable to **CPS to: CPS, PO Box 679, Hamilton 3240**

2. **Paying by Direct Credit**
Post or fax this registration form and pay to: **CPS, Westpac 03-0306-0184738-00**

Information needed:

Centre name that is enrolling: Town where training is being held: AAM (Type of programme)

E.g. **Pint Size;** **Thames;** **AAM**

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CPS, PO Box 679, Waikato Mail Centre 3240 Hamilton. Fax: 07 8389950 Email: info@cps.org.nz www.cps.org.nz