



FHA Enrolment Form

CUB DETAILS					MEDICAL DETAILS	
Name:					Doctor:	Phone:
Male/Female (please circle)					Any medical conditions? Yes/No (please circle)	
D.O.B:		Age:			Please specify:	
Does your cub require 1-on-1?		Yes/No				
Is your cub a confident swimmer?		Yes/No				
Do you want to enrol your cub in the Pride Initiative Leadership Programme (11yrs & up)? Yes/No						
PROGRAMME LOCATION:						
HOLIDAY SEASON: <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer						
DAYS ATTENDING					SHUTTLE REQUIRED Yes/No	
1/Mon	Tues	Wed	Thur	Fri	<input type="checkbox"/> Home to programme	Time for pick-up:
					Address:	
2/Mon	Tues	Wed	Thur	Fri		
					<input type="checkbox"/> Programme to home	
					Time for drop-off:	
					Address:	
4/Mon	Tues	Wed	Thur	Fri		
5/Mon	Tues	Wed	Thur	Fri		
Book a sleepover (if applicable)					Yes/No	
Do you have a Wild Card?					Yes/No	
Are you eligible for a WINZ subsidy?					Yes/No	
					Do you wish to purchase a Wild Card? Yes/No	
					Can we photograph your cubs? Yes/No	

- I give consent for my cub(s) to go on trips with the Pride Lands team during this School Holidays.
- I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: www.pridelands.co.nz).
- I agree to abide by these terms.

SIGNED: _____

PARENT/CAREGIVER DETAILS	
Name Parent/Caregiver:	Name Parent/Caregiver:
Phone:	Phone:
E-mail:	E-mail:
Address:	Address:
Emergency Contact Name/s:	Phone Number/s:
Authorised Pickup Name/s:	Phone Number/s:

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 04 907 2225 (business hours only)
 027 567 8913

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