



BSC Enrolment Form

CUB DETAILS					MEDICAL DETAILS				
Name:					Doctor: Phone:				
Preferred Pronouns: She/Her He/Him They/Them					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					Basic 1 st Aid & Medication Support? Yes/No				
PROGRAMME LOCATION: <input type="checkbox"/> Southern Suburbs <input type="checkbox"/> Western Suburbs <input type="checkbox"/> Hutt Valley									
ENROLMENT TYPE: <input type="checkbox"/> Casual <input type="checkbox"/> Regular									
START DATE:					SHUTTLE REQUIRED: Yes/No				
DAYS ATTENDING:					FULL BOOSTER <input type="checkbox"/> HALF BOSTER <input type="checkbox"/> NONE <input type="checkbox"/>				
Mon	Tues	Wed	Thur	Fri	SHUTTLE ONLY: <input type="checkbox"/>				
					<input type="checkbox"/> Home to Programme		Time for pick up:		
Notes: Please advise us if your child/children have any physical/mental disabilities or struggles we should be aware of in order to support them as well as their integration and social development.					School: Classroom: <input type="checkbox"/> Programme to school				
Address:					Address:				
Authorised signature name(s):									
Do you have a Wild Card? Yes/No					Do you wish to purchase a Wild Card? Yes/No				
Are you eligible for a WINZ subsidy? 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.
 I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: www.pridelands.co.nz) and agree to abide by these terms. SIGNED: _____

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

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