



Half-Days & TOD 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									
TERM SEASON: <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer									
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.									
TERM/DAYS ATTENDING					SHUTTLE REQUIRED Yes/No				
DATE ATTENDING:					FULL BOOSTER <input type="checkbox"/> HALF BOSTER <input type="checkbox"/> NONE <input type="checkbox"/>				
1/Mon	Tues	Wed	Thurs	Fri	<input type="checkbox"/> Home to programme		Time for pick-up:		
					Address:				
2/Mon	Tues	Wed	Thurs	Fri					
					<input type="checkbox"/> Programme to home		Time for drop-off:		
					Address:				
3/Mon	Tues	Wed	Thurs	Fri					
4/Mon	Tues	Wed	Thurs	Fri					
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 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:
Address:	Address:
Emergency Contact Name:	Phone Number:
Authorised Pickup Name:	Phone Number: