



PRIDE In Action Enrolment Form

CUB DETAILS							MEDICAL DETAILS (if applicable)						
Name/s:							Doctor: Phone:						
Preferred Pronouns: She/Her He/Him They/Them							Any medical conditions? Yes/No (please circle)						
D.O.B:			Age:				Please specify:						
D.O.B:			Age:										
D.O.B:			Age:				Basic 1 st Aid & Medication Support? Yes/No						
REGION/CITY/TOWN:													
SERVICE NEEDED: Pride at Home <input type="checkbox"/> Pride in School <input type="checkbox"/> Pride in the City <input type="checkbox"/> Activities Coordinators <input type="checkbox"/>													
START DATE:							SHUTTLE REQUIRED: Yes/No						
DAY/S REQUIRED:							FULL BOOSTER <input type="checkbox"/> HALF BOSTER <input type="checkbox"/> NONE <input type="checkbox"/>						
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Address:						
Time(s):							Phone Number:						
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.							Are you eligible for any kind of funding? Yes/No						
							Do you have 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:						
Brief/Activities preference:													