



ASC 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					Basic 1 st Aid & Medication Support? Yes/No				
Is your cub a confident swimmer? 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				
Note: 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.									
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"/> School to programme				
Extra-Curricular After School Activities									
Mon	Tues	Wed	Thur	Fri	School:				
					Classroom:				
Activity Drop off/pick up (circle which applies)					<input type="checkbox"/> Programme to home Time for drop-off:				
Address:					Address:				
Authorised signature name(s):					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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