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 1st Aid & Medication Support?** Yes/No
PROGRAMME LOCATION: ☐ **Southern Suburbs** ☐ **Western Suburbs** ☐ **Hutt Valley**					
ENROLMENT TYPE: ☐ **Casual** ☐ **Regular**					
START DATE:					**SHUTTLE REQUIRED:** Yes/No
DAYS ATTENDING:					**FULL BOOSTER** ☐ **HALF BOSTER** ☐ **NONE** ☐
Mon	Tues	Wed	Thur	Fri	SHUTTLE ONLY: ☐
					☐ 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:** ☐ Programme to school
Address: **Authorised signature name(s):**					**Address:**
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:**

0800 PRIDE4U
0800 774 3348
04 907 2225 (business hours only)

info@pridelands.co.nz
www.pridelands.co.nz

P.O. Box 19256
Waterloo Quay, Pipitea
Wellington 6011