FHA 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**	
HOLIDAY SEASON: ☐ **Autumn** ☐ **Winter** ☐ **Spring** ☐ **Summer**	
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** ☐ **HALF BOSTER** ☐ **NONE** ☐

1/Mon	Tues	Wed	Thurs	Fri	☐ Home to programme	Time for pick-up:
					Address:	
2/Mon	Tues	Wed	Thurs	Fri		
3/Mon	Tues	Wed	Thurs	Fri		
					☐ Programme to home	Time for drop-off:
4/Mon	Tues	Wed	Thurs	Fri	**Address:**	
5/Mon	Tues	Wed	Thurs	Fri		

Book a sleepover (if applicable) Yes/No	
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:**

PRIDE LANDS
TEACHING CONFIDENCE AND RESPECT

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