



Half-Days & TOD Enrolment Form

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|---|------|-----|-------|-----|--|--|--------------------|--|--|
| 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:** _____

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|---------------------------------|------------------------|
| PARENT/CAREGIVER DETAILS | |
| Name Parent/Caregiver: | Name Parent/Caregiver: |
| Phone: | Phone: |
| Address: | Address: |
| Emergency Contact Name: | Phone Number: |
| Authorised Pickup Name: | Phone Number: |