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:**
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D.O.B: **Age:**	**Basic 1st Aid & Medication Support?** Yes/No
REGION/CITY/TOWN:	
SERVICE NEEDED: Pride at Home ☐ **Pride in School** ☐ **Pride in the City** ☐ **Activities Coordinators** ☐	
START DATE:	**SHUTTLE REQUIRED:** Yes/No
DAY/S REQUIRED:	**FULL BOOSTER** ☐ **HALF BOSTER** ☐ **NONE** ☐
Mon / Tues / Wed / Thurs / Fri / Sat / Sun	**Address:**
Time(s):	
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.	**Phone Number:**
	Are you eligible for any kind of funding? 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.

☐ 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:	

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

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