Mini Bus 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 confident with their seat belt? Yes/No	**Basic 1st Aid & Medication Support?** Yes/No
LOCATION: ☐ **Northern Suburbs** ☐ **Southern Suburbs** ☐ **Western Suburbs** ☐ **Hutt Valley**	
BOOKING TYPE: ☐ **Casual** ☐ **Regular**	
START DATE:	**SHUTTLE REQUIRED:** ☐ **Term /** ☐ **School Holidays**
DAYS ATTENDING:	**FULL BOOSTER** ☐ **HALF BOSTER** ☐ **NONE** ☐
Mon / Tues / Wed / Thurs / Fri	**Address for Pick-up, please give all necessary details (e.g. classroom):**
	Time:
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.	**Address for Drop-off, please give all necessary details (e.g. access requirements):**
Authorised Persons for drop off:	**Time:**
Can we photograph your cubs? Yes/No	

☐ I give consent for my cub(s) to be transported in the Pride Lands vehicle.
☐ 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
Marion Square
Wellington 6141