



After School Care Enrolment Form

CUB DETAILS					MEDICAL DETAILS	
Name:					Doctor: Phone:	
Male/Female (please circle)					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				
PROGRAMME LOCATION: <input type="checkbox"/> Southern Suburbs <input type="checkbox"/> Western Suburbs						
ENROLMENT TYPE: <input type="checkbox"/> Casual <input type="checkbox"/> Regular						
DAYS ATTENDING:					SHUTTLE REQUIRED: Yes/No	
Mon	Tues	Wed	Thur	Fri	SHUTTLE ONLY: <input type="checkbox"/>	
					<input type="checkbox"/> School to programme	
Extra-Curricular After School Activities						
Mon	Tues	Wed	Thur	Fri	School:	
					Classroom:	
Activity Drop off/pick up (circle which applies)					<input type="checkbox"/> Programme to home Time for drop-off:	
Address:					Address:	
Authorised signature name(s):						
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:
Authorised Pickup Name/s:	Phone Number:

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 04 907 2225 (business hours only)
 027 567 8913

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