

Child Enrolment Form

Parents Details

Name

First

Last

Email

Phone (Mobile)

Phone (Home)

Address

Receipt Required

YES/NO

Permission given for any photo or media
taken of myself or my children to be used
for advertising or publicity purposes

YES/NO

To assist us to continue to deliver the best
quality teaching and instruction, please
read the terms and conditions attached.
Please note your signature here acknowledges
that you have read and accepted these terms
and conditions.

Name

Signature

Date

Childs Details

Name

First

Last

Date of Birth

Gender

Male/Female

Relevant Medical Conditions

Learning Disabilities

Previous or current class level/
name of previous swim school
(if applicable)

Comments