



# CHILD - SWIM SCHOOL ENROLMENT FORM

Thank you for your interest in our swimming lessons.

**Please complete this form and return during an available enrolment period.**

Be aware that there are limited numbers for certain groups and programmes but we will endeavour to place your child/children in the programme on the day/s you have selected as soon as possible.

**An assessment may be required – you will be notified once your form has been processed.**

All of our lessons run with the school terms with the opportunity for extra lessons in various holiday programmes.

**FOR OFFICE USE ONLY**

Date enrolment received

...../...../.....

Person has been assessed

(tick):

Level as approved by  
Supervisor:

.....

## ENROLMENT DETAILS

First name ..... Last name .....

Date of birth: ...../...../..... Female / Male

**Which programme are you enrolling in?**

*(Please refer to the programme descriptions attached and circle one of the following)*

Diaper Dolphins / Pre School / School-age programmes / Children's private

**Preferred days:**

*(Please circle)*

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

**Medical conditions** (Including allergies/health problems etc. – past or present)

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.....  
.....

**Does your child have any learning disabilities/difficulties?**

.....  
.....

**Has your child had any bad water experiences in the past? Please describe**

.....  
.....

**Has your child had previous swimming lessons? If so, where was this and what level were they? (If known)**

.....  
.....

Please tick all statements which best describes your child's current abilities in and out of the water.

Can run/jump/hop/skip etc.

Can attempt Freestyle

Can blow their nose

Swims confidently in the lane pool (25m)

Follows instructions well

Which stroke/s? .....

Works well learning in a group

Has learnt some basic water safety skills before (i.e. Tread water, Survival Strokes, Lifejacket Education)

Submerge in water with confidence

If yes, please describe which skills

Can float on back UNAIDED

.....

Can float on front UNAIDED

.....

Additional notes:

.....  
.....

**PARENT/CAREGIVER CONTACT DETAILS (FIRST EMERGENCY CONTACT)**

Parent's First Name..... Surname.....

Phone..... Mobile.....

Address.....

As most of our correspondence is done via email, a valid email address is required:

Email.....

**SECOND EMERGENCY CONTACT DETAILS (MUST BE DIFFERENT TO ABOVE)**

Name..... Relationship to student.....

Phone..... Mobile.....

Address.....

Email.....

**AGREEMENT – SIGNATURE REQUIRED**

Do we have permission to use digital images of your child for the purpose of advertising and marketing our fantastic programmes? *We advise families when we are doing marketing photography.*

Yes / No (Please circle)

I have read and understand the General Information including the 'Absences & Missed Lesson Policy'. I understand there are no refunds.

I give permission for, and understand the use of Video Evaluation, its purpose in teaching effectively, and that this is not for advertising.

Signature..... Date.....