SWIM ACADEMY RE-ENROLMENT

Term..... 20.....

Name of parent / caregiver: _____

Child's name: _____

Date of birth:_____ Age:_____ Gender: Boy / Girl

Address: _____

Tel: _____ Mobile: _____

Email address: _____

Preferred method of contact (please circle): Telephone Text Email

On which day would you like your lesson: Monday / Wednesday / both days

Preferred Time: 3.30 – 4pm 4 - 4.30pm 4.30 – 5pm 5 – 5.30pm 5.30 – 6pm

Number of family members attending Swim Academy lessons: 1 2 3 4

**All information is confidential and private to the SWDC Indoor Pools*

Parent / Caregiver's signature: _____

OFFICE USE ONLY: Amount Paid: $_____ Date: _____ Rec:_____

Date enrolled: _____

Class teacher: _____ Time: _____