

PRESCHOOL LEARN TO SWIM CLASSES

SURNAME _____ FIRST NAME _____ D.O.B _____

STREET ADDRESS _____

PHONE _____ home _____ work _____ MALE/FEMALE (Delete one)

MEDICAL INFORMATION (eg Asthma, Diabetes) _____

NEXT OF KIN DETAILS

SURNAME _____ FIRST NAME _____

RELATIONSHIP _____

STREET ADDRESS _____

PHONE _____ home _____ cell _____ work _____

EMAIL ADDRESS _____

COURSE DETAILS – 10 WEEK COURSE

- LEVEL 1 Children learning skills for the first time. Non-Confident.
- LEVEL 2 Children who can put their face in the water but have not had previous lessons.
- LEVEL 3 Children who can put their face in the water, know how to float & can travel using a kickboard on front and back.
- LEVEL 4 Children who are using basic arm strokes.

PLEASE LIST ANY DAY YOUR CHILD CAN NOT ATTEND

Your Child will need to have their own goggles and Girls preferably have hair ties or swim cap

MONDAY	A.M.	P.M.	THURSDAY	A.M.	P.M.
TUESDAY	A.M.	P.M.	FRIDAY	A.M.	P.M.
WEDNESDAY	A.M.	P.M.			

AMOUNT DUE	DATE OF ENROLMENT _____
BOOKING MADE _____	

Names of other Children enrolled with Aqua Swim School

NAME _____ D.O.B _____ NAME _____ D.O.B _____

NAME _____ D.O.B _____ NAME _____ D.O.B _____