Healthways Swim School Enrolment Form

*Child/ren's Surname*____

Parent/Guardian's Details

*Parents Names*____

Address: ____

Suburb:____________________________P/Code: ______________

Phone (hm):____________________ (wk): ____________________

*Mobile:*____

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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How did you find out about our centre?____________________________

Signature ______________________________ Date:____________

Child/Student's Details

Child/Student #1's First Name:______________________________

DOB: ____/____/____ *Gender: Female / Male*

Does this child have any medical conditions? Yes / No

If so, please provide details:______________________________

____

Is this child under 3 years old? Yes / No

If so, they need an adult in the water with them. Please fill out assistant's details below.

Is there any other reason for someone else to go in the water with this child?

Eg. Integration aid Yes / No

If so, please fill out assistant's details below.

If you've answered yes above, who will be assisting this child in the water?

Full Name:____

Does this person have any medical conditions? Yes / No

If so, please provide details:______________________________

____

Child/Student #2's First Name:______________________________

DOB: ____/____/____ *Gender: Female /* Male

Does this child have any medical conditions? Yes / No

If so, please provide details:______________________________

____

Is this child under 3 years old? Yes / No

If so, they need an adult in the water with them. Please fill out assistant's details below.

Is there any other reason for someone else to go in the water with this child?

Eg. Integration aid Yes / No

If so, please fill out assistant's details below.

If you've answered yes above, who will be assisting this child in the water?

Full Name:____

Does this person have any medical conditions? Yes / No

If so, please provide details:______________________________

____

Child/Student #3's First Name:______________________________

DOB: ____/____/____ *Gender: Female / Male*

Does this child have any medical conditions? Yes / No

If so, please provide details:______________________________

____

Is this child under 3 years old? Yes / No

If so, they need an adult in the water with them. Please fill out assistant's details below.

Is there any other reason for someone else to go in the water with this child?

Eg. Integration aid Yes / No

If so, please fill out assistant's details below.

If you've answered yes above, who will be assisting this child in the water?

Full Name:____

Does this person have any medical conditions? Yes / No

If so, please provide details:______________________________

____

Thank you. We hope you enjoy your classes!

The Healthways Team ☺