



**Enrolment Form**

**Date Enrolled:** \_\_\_\_\_

Students name: .....

Students name: .....

D.O.B: .....

D.O.B: .....

Age: .....

Age: .....

Does your child have -

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<input type="checkbox"/> Excessive fear of water	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Under a health plan	<input type="checkbox"/> Heart Disorder
<input type="checkbox"/> Severe allergy (eg. Bee sting)	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Joint Disorder (eg. Arthritis)	<input type="checkbox"/> Skin condition
<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Asthma
<input type="checkbox"/> Ear disorder (drainage tubes)	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Communication difficulties	<input type="checkbox"/> Seizures
<input type="checkbox"/> Coordination difficulties	
<input type="checkbox"/> Is your child on medication?	
 <input type="checkbox"/> Other (please give details)	
_____	
_____	

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<input type="checkbox"/> Is your child on medication?	
 <input type="checkbox"/> Other (please give details)	
_____	
_____	

Medical Alert No. \_\_\_\_\_

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\*Please attach a Health Care Plan from your child's Doctor / Treating Health Professional to identify any special needs.

Parent / Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Permission to email Yes/No

Email: (please print clearly) \_\_\_\_\_

Other Contact Details: (please include at least 1 additional contact)		
Name: _____	Relationship to child _____	Ph: _____
Name: _____	Relationship to child _____	Ph: _____

Current Swimming ability: \_\_\_\_\_

If you own a local business, please let us know: \_\_\_\_\_

How did you find Swim 1 Swim School? \_\_\_\_\_

## **POLICIES**

### ○ **BOOKINGS**

Bookings are made on a year round system with fortnightly direct debit payments.

#### **DIRECT DEBIT PAYMENTS**

- Payments are made by direct debit and are deducted on a fortnightly basis
- All payments are made a fortnight in advance
- All bookings will automatically continue throughout the current year unless notified otherwise
- Minimum booking time is for four weeks

When you have booked into a suitable time your child/ren will keep this time throughout the year unless there is a need to change due to parent or development needs. We aim to maintain consistency as much as possible and children will continue swimming with their peers as new skills are introduced. We recognise that children have strengths and weaknesses in different areas and this approach allows staff to develop a positive relationship based on trust and familiarisation.

### ○ **CLOSED**

- Public Holidays and associated Saturdays ie long weekends
- Around the 18<sup>th</sup> June to 18<sup>th</sup> July (4 weeks)
- Around the 18<sup>th</sup> December to 18<sup>th</sup> January (4 weeks)
- There is no charge for days that Swim 1 is closed

### ○ **CANCELLATION**

A minimum of 2 weeks confirmed notice is required if a booking is being cancelled for a block of swimming.

### ○ **PAYMENTS / TWO WEEKS DEPOSITS**

A two weeks deposit (non-refundable) will be automatically deducted before the June/July break to hold bookings. This will also apply before the Christmas break once times for the New Year have been confirmed.

### ○ **MAKE UP DAYS**

Make up days are available upon request  
They are provided at the discretion of Management.

### **Consent to take part in learn to swim activities**

Occasionally we will take photographs or video children's participation in classes. This information is used for promotional and educational purposes only. Please inform staff if you do not want your child to appear on a video or be photographed.

I give consent for my child to attend the swimming program at Swim 1.

I understand that I am responsible for the safety and behaviour of my child/ren at all times and that the school/associated business and staff will not be held responsible for any accident, loss or injury suffered to my child/ren or associated family members during lessons or whilst entering or leaving the premises.

I agree to keep any child under 6 years of age in my care within arms reach at all times, except when they are under the supervision of their swim teacher during their allocated lesson time.

I agree that I will ensure that any child in my care who is not fully toilet trained will wear firm fitting swim pants or swim nappy.

I authorise Swim 1 to deduct the required fortnightly payment from my nominated bank account until I provide two weeks notice for these payments to be changed or stopped. I understand that I will also be responsible for any bank charges that may be incurred for these transactions.

I have read and understand Swim 1 policies and procedures.

Parent/Guardian: \_\_\_\_\_

Signature:

Print Name:

\_\_\_\_\_

Date:        /        /