

KINGS SWIMSCHOOL ENROLMENT FORM

Child's Name:	DOB:	Level:
Current School:		Given by assessor
Child's Name:	DOB:	Level:
Current School:		Given by assessor
Child's Name:	DOB:	Level:
Current School:		Given by assessor
Mother's Name:	Father's Name:	
Address:		
Suburb:	Postcode:	
Mother's Phone: (H)	Father's Phone: (H)	
Mother's Phone: (M)	Father's Phone: (M)	
Email: _____		
Emergency Contact:	Relationship to child:	
Phone: (H)	Phone: (M)	
Does your child/children have any allergies/health problems/learning disabilities past or present?		
Is there any additional information teachers should be aware of? Routines/languages proficiency/ language spoken/bad water experiences etc.		
Do we have permission to carry out observations and use digital images of your child /children for the purpose of programme planning, staff training and marketing? (Please tick) <input type="checkbox"/> YES <input type="checkbox"/> NO		
How did you hear about Kings SwimSchool? (Please tick all appropriate)		
<input type="checkbox"/> Friend/Family (Name of family: _____)	<input type="checkbox"/> School Swimming	<input type="checkbox"/> Family Times
<input type="checkbox"/> Evolution Website	<input type="checkbox"/> Local Newspaper :	<input type="checkbox"/> Bus Advertising
<input type="checkbox"/> Evolution Facebook Page	<input type="checkbox"/> Street Signage	<input type="checkbox"/> Other: _____
<input type="checkbox"/> School Newsletter		
Printed Name: _____		
Signed Parent/Guardian: _____ Date: _____		
I have read and signed the Terms & Conditions of Kings Swim School. _____		
Office Use Only		
Assessed By: (must be filled in)		
Data Entered by:	Date:	

