

## Swimming Lesson Enrolment Form

Child's Name	
Child's Name	
Child's Date of Birth	
Parent/ Guardian Name	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Home Telephone	
Mobile Telephone	
Email Address	
Medical Conditions	
Preferred Day (Sat/Sun)	
Preferred Time	

Once you have completed this form, please hand it in to reception where a swim assessment date for your child will be arranged. Once the assessment has been completed, your child will then be allocated into the correct class.

### **Office Use Only**

**Class required**

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