

Re-Enrolment form

\$35 deposit is required per child when submitting this form This deposit is non-refundable

Surname		Mother's name	Father's name
Child 1			Child 2
Name:			Name:
Age:	Date of Birth:		Name: Date of Birth;
Child 3			Child 4
Name:	Date of Birth:		Name: Date of Birth;
Age:	Date of Birth:		Age: Date of Birth;
		Preferred Swim Days:	
	Babies / Pre Schoolers	·	School age
	☐ Monday 9.30 am - 12.3		☐ Monday pm
	☐ Monday 1.00pm – 3.00)pm	☐ Tuesday pm
	☐ Tuesday am	12.20	☐ Wednesday pm
	 □ Wednesday 9.30am – □ Wednesday 1.00pm – 		☐ Thursday pm
	☐ Wednesday 1.00pm – .	5.00pm	☐ Friday pm
	☐ Friday am		□ Saturday □ Squad
	□ Saturday		☐ Twice a week
	☐ Twice per week		☐ I WICE A WEEK
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Surname	·	Wiother 8 name	rather shame
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Name:			Name:
Age:	Date of Birth:		Age: Date of Birth;
Child 3			Child 4
Name:			Name:
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	☐ Wednesday 1.00pm – 3☐ Thursday am	o.vvpiii	☐ Friday pm
	☐ Friday am		☐ Saturday
	□ Saturday		☐ Squad ☐ Twice a week
	☐ Twice per week		☐ Twice a week
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	Plea	se let us know if contact details h	nave changed