



Enrolment Form

\$40 deposit is required per child to finalize enrolment

Deposit is non-refundable

Surname _____

Address _____

Suburb _____ Postcode _____

Contact no. _____ Additional Contact no. _____

Parent 1 name _____ Parent 2 name _____

Emergency contact _____

E-Mail _____

CHILD 1

Surname _____

First Name _____

Medical History _____

Age _____ Date of Birth _____

Babies / Pre School

- Monday am/arvo
- Tuesday am
- Wednesday am
- Thursday am
- Friday am/pm
- Saturday
- Multiple X _____

School age

- Monday pm
- Tuesday pm
- Wednesday pm
- Thursday pm
- Friday pm
- Saturday
- Squad
- Multiple X _____

I give the Leopold Swim School permission to show my child/children's photographs in advertising material.
Sign _____

I _____ understand that I am responsible for the safety of my own child/children what at the premises of Leopold Swim School

CHILD 2

Surname _____

First Name _____

Medical History _____

Age _____ Date of Birth _____

Babies / Pre School

- Monday am/arvo
- Tuesday am
- Wednesday am
- Thursday am
- Friday am/pm
- Saturday
- Multiple X _____

School age

- Monday pm
- Tuesday pm
- Wednesday pm
- Thursday pm
- Friday pm
- Saturday
- Squad
- Multiple X _____

How did you hear about Leopold Swim School?

Office use only

Deposit paid Yes No

Amount _____ Ch C Card