



## Enrolment Form

|  |   |  |
|--|---|--|
| Childs Name:   | DOB:  | Level:<br><small>Given by assessor</small> |
| Current School:  |   |  |
| Childs Name:   | DOB:  | Level:<br><small>Given by assessor</small> |
| Current School:  |   |  |
| Childs Name:   | DOB:  | Level:<br><small>Given by assessor</small> |
| Current School:  |   |  |
| Mothers Name:  | Fathers Name:   |  |
| Address:   |   |  |
| Suburb:  | Postcode:   |  |
| Mother Phone: (H)  | Father Phone: (H)   |  |
| Mother Phone: (M)  | Father Phone: (M)   |  |
| Email:   |   |  |
| Emergency Contact:   | Relationship:   |  |
| 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/bad water experiences etc.   |   |  |
| Do we have permission to carry out observations and use digital images of your child for the purpose of programme planning, staff training and advertising? (Please circle) YES NO |   |  |
| How did you hear about Kings (Please circle)   |   |  |
| Friend/Family (Name of family: _____ )<br>School Newsletter<br>Local Newspaper :<br>Website<br>Facebook  | School Swimming<br>Street Signage<br>Kings Car<br>Family Times<br>Bus |  |
| 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:   |  |