

ENROLMENT FORM



Primary Parent Name				Surname		
Swimmer Name	1.			Surname		
	2.			Surname		
	3.			Surname		
				D.O.B		
				D.O.B		
				D.O.B		

Parent Contact Phone Number					
Email Address					
Home Address		Suburb		Postcode	

Secondary Contact Phone Number					
Secondary Email Address					
Relationship to Swimmer					

SWIMMER INFORMATION (Medical Condition/ Additional Need / Special Need/ Important information)

Medical (Please circle) ADHD / Allergic / Anxiety / Asthma / Autism / Comprehension delay / Delayed listening skills Developmental delay / Eczema / Epilepsy / Grommets / Head restriction / Hearing impaired Hyper reflexes / Intellectual disability / Hip dysplasia / Premature baby / Sensory processing disorder Slow processing disorder / Speech delay
Important Information (Please circle) Negative experience at previous Swim School / Prefer gentle approach / Fear of water or face in water
Other/More information

HOW DID YOU HEAR ABOUT US? (Please circle)

Friend Kinder School Google search Facebook

IMAGE CONSENT

We seek approval when taking photos that will be used for social media or marketing material.

- I authorize Rainbow Bay to use images/videos, of myself or my child, for social media/marketing materials.

(Please circle)

YES / NO

Parent Signature _____

Date _____