

Child Enrolment Form

Parents/Caregivers Details

Name

First Last

Email

Phone (Mobile)

Phone (Home)

Address

Receipt Required:

YES/NO

Permission is given for any photo or media taken of myself or my children to be used for TSS advertising or publicity purposes:

YES/NO

Please read and familiarise yourself with the TSS Terms of Trade (found on our website).

Please tick to acknowledge that:

I have read and accept the TSS Terms of Trade and the TSS Cancellation Policy therein.

Date

Childs Details

Name

First Last

Date of Birth

Gender

Male / Female

Relevant Medical Conditions

Learning Disabilities

Previous or current class level, and/or name of previous swim school (if applicable)

Comments

How did you hear about us?

Thank you.

We look forward to seeing you at the pool!