



## SWIM LESSON RE-ENROLMENT FORM

Name..... Age..... DOB.....

Postal Address ..... Today's date .....

.....PC..... Ph:(Hm)..... (Wk).....

Email.....

**Please circle days and times you are able to attend. Please give at least two options and include Kindy times etc.**

|           |              |         |               |                 |        |
|-----------|--------------|---------|---------------|-----------------|--------|
| Babies    | Mon am       | Tues am |               |                 |        |
| Toddlers  | Mon am       | Tues am |               | Thurs noon      | Sat am |
| Preschool | Mon am or pm | Tues am | Wed 12-2:30pm | Thurs 12-2:30pm | Sat am |
| School    | Mon pm       | Tues pm | Wed pm        | Thurs pm        |        |

**Comments:** .....

**Medical Conditions:** .....



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**Comments:** .....

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