

BLACK LINE



ENROLMENT FORM

Parent/Guardian Name

Residential Address

Postal Address

Mobile/Contact No:

Email (Preferred)

1. Child Name **DOB**.....

Preferred Day/Time

2nd Choice.

Allergies/Conditions

2. Child Name **DOB**.....

Preferred Day/Time

2nd Choice.

Allergies/Conditions

3. Child Name **DOB**.....

Preferred Day/Time

2nd Choice.

Allergies/Conditions

4. Child Name **DOB**.....

Preferred Day/Time

2nd Choice.

Allergies/Conditions

I acknowledge that I have read and understood the Black Line Swim School Policies in regard to our MAKE-UP LESSON POLICY, CREDIT/REFUND POLICY, SUPERVISION POLICY and GENERAL SWIM SCHOOL T&C'S. A copy of these has been provided to me on enrolment .

Signature

Date: / /