

## Enrolment Form

### Pupil Information

Childs Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Nickname: \_\_\_\_\_ Male/Female: \_\_\_\_\_

ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Childs Home Address: \_\_\_\_\_

Any illnesses / Allergies or Disabilities: \_\_\_\_\_

Any previous swimming lessons: \_\_\_\_\_

### 1<sup>st</sup> Parent Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2<sup>nd</sup> Parent Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child lives with:      Both Parents      Mother      Father      Other \_\_\_\_\_

Emergency Contact (Other than parents)

1: \_\_\_\_\_ Contact No: \_\_\_\_\_

2: \_\_\_\_\_ Contact No: \_\_\_\_\_