

# Enrolment Form

Anna Brown Swim School  
2A Outlook Drive Camberwell 3124  
0425771469

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

Child's name	DOB	Kinder level or Grade at school	Medical Conditions

**Mother's name:**

**Mobile number:**

**Email:**

**Father's name:**

**Mobile number:**

**Email:**

**Street Address:**

**Nanny/carer:**

**Mobile number:**

## Enrolment form continued Terms & Conditions

Please fill in the following form and sign the bottom of the page:

### Make-up lessons

There are no make-up lessons.

### Fees

**Fees are payable online via the link in your invoice.**

At the end of each term, fees for the following term are due. *You must let me know, by text or email, prior to the end of the term you are enrolled in if you are not returning the following term, or you will be liable for paying fees for that term.* Children are booked in for a complete school term and fees cannot be deducted for any reason. Lessons are not held on public holidays and you will not be charged for them. If we cancel lessons for any reason (eg illness) you will be refunded for these lessons. Fees are not transferable or refundable.

### Emergency contact:

### Supervision & Photography/Videos

Parents/carers are to remain on the premises at all times and accompany children when they are not within the fenced pool area. Parents or carers must supervise and be responsible for the children they bring to the pool and keep them in their line of sight at all times.

Due to privacy laws, you cannot video other people (including children and teachers) without their permission. We are happy to help you take a video/photo of your child without others in it though.

### Medical History

Please advise if there is any reason your child may require any special attention or care in the water. We don't mind if there is, but obviously as we are in water, we need to know if there is anything that will affect them so we can keep them safe. Do not leave children unattended at their lesson if they have any medical conditions. If they have a learning difficulty please also let us know – we can then make sure we meet their needs.

Please specify child's name and signs, symptoms or strategies we can use to help them if they have any of these, or other, conditions.

I, the undersigned, approve of the above application in so doing agree that Anna Brown and any of her staff, shall be released from, and shall not incur, any responsibility or liability whatsoever for any accident or injury to the applicant or for any damage to or loss of property of the applicant. I further authorise you to obtain medical/ambulance assistance in the case of accident or emergency involving the applicant/s and I agree to bear any cost thereby incurred.

Signed: \_\_\_\_\_

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

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