MLC Aquatic Centre Enrolment Form - 2018

Please select class type:

☐Swim Squads ☐Masters Squad ☐Private Lesson ☐All Stars Squad ☐Learn to Swim

Family Contact Details:

Parent/Guardian Name: _____

Phone: (H) _____ (M) _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Learn to Swim Assessment – Staff Use Only

☐ Aqua Babies ☐ Turtles ☐ Jellyfish ☐ Starfish ☐ Octopus ☐ Seahorse ☐ Seals

☐ Dolphins ☐ Marlins ☐ Mini Squad ☐ Senior Bs ☐ Adults Beginners ☐ Adults Intermediate

Squad Assessment – Staff Use Only

☐ National Open ☐ National Age ☐ State Perfom. ☐ State Squad ☐ Metro Dev.

☐ Novice Squad ☐ Skills Progression ☐ Masters Squad ☐ All Stars Squad

Squad Session Times: *Circle the session times you will attend*
Monday AM / PM **Tuesday** AM / PM **Wednesday** AM / PM **Thursday** AM / PM **Friday** AM / PM **Saturday** AM / PM **Sunday** AM

Assessed By: _____ Date: / / 2017

Student 1 – Start Date: DD / MM / YYYY

Full Name:			Date of Birth:	DD	MM	YYYY
Current Level:		New Level: (only provide new level if student is moving up)				
Preference 1:	Day:	Time:	Medical Notes:			
Preference 2:	Day:	Time:				
Preference 3:	Day:	Time:				

Student 2 – Start Date: DD / MM / YYYY

Full Name:			Date of Birth:	DD	MM	YYYY
Current Level:		New Level: (only provide new level if student is moving up)				
Preference 1:	Day:	Time:	Medical Notes:			
Preference 2:	Day:	Time:				
Preference 3:	Day:	Time:				

Student 3 – Start Date: DD / MM / YYYY

Full Name:			Date of Birth:	DD	MM	YYYY
Current Level:		New Level: (only provide new level if student is moving up)				
Preference 1:	Day:	Time:	Medical Notes:			
Preference 2:	Day:	Time:				
Preference 3:	Day:	Time:				

Student 4 – Start Date: DD / MM / YYYY

Full Name:			Date of Birth:	DD	MM	YYYY
Current Level:		New Level: (only provide new level if student is moving up)				
Preference 1:	Day:	Time:	Medical Notes:			
Preference 2:	Day:	Time:				
Preference 3:	Day:	Time:				

Please match this enrolment to a sibling already enrolled ☐ YES ☐ NO

***Please note that we cannot guarantee teacher requests.**

Comments: _____

Pro Rata Payment Method (please select one)

Cheque ☐				
Credit ☐	Card Type	Visa ☐ MasterCard ☐ AMEX ☐		
	Card Number			
	Name on Card			
	Expiry Date	MM / YY		
	Total Amount	$	Card holder's signature	

**** Payments for the Aquatic Centre must NOT be paid via MLC School fee accounts**

Please note that every effort will be made to meet individual lesson day and time preferences. However, MLC School Aquatic Centre is unable to guarantee this and will contact customers if further arrangements are required. We cannot guarantee teacher requests.

Staff Use Only

Form accepted and checked by: _____ Date: / / 2018

Direct Debit forms attached: Y / N MLC School Family: Y / N

Enrolment processed: Y / N Name of staff: _____

(Pro-rata payment processed and receipt sent in mail)

Date: / / 2017 Time: _____