



Enrolment Form



Student Name: _____
Family name First name

Parent/Caregiver _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

Student Gender: M / F Age: _____ DOB: _____

Central Swim School sets classes by ability. Please indicate if your child can do the following:

- Full face submerge Y / N
- Blow bubbles Y / N
- Float on front Y / N
- Float on back Y / N
- Kicking in streamline position on front Y / N 5-8 metres Y / N
- Kicking in streamline position on back Y / N 5-8 metres Y / N
- Freestyle arms Y / N 5-8 metres Y / N
- Backstroke arms Y / N 5-8 metres Y / N
- Freestyle breathing Y / N 10-18 metres Y / N
- Freestyle in deep water Y / N 25 metres Y / N
- Backstroke in deep water Y / N 25 metres Y / N
- Other strokes Y / N

Does your child have any special needs? Y / N
(please detail so we can best assess needs):

Preferred Day: Monday Tuesday Wednesday Thursday Friday Saturday
(Please tick)

Where: Cromwell Swim Centre Molyneux Aquatic Centre
(Please tick)

Preferred programme: Learn to Swim Programme Holiday Programme Water Safety Programme
(Please tick)

Note: If you find you are unable to attend the Term/Holiday classes that you have enrolled for please advise us by email to centralswimschool@codc.govt.nz. **Note this must be done before the beginning of the Term or before Holiday classes start, or a booking fee of 25% of the class fee may be charged.**

Do we have permission to use digital images for the purpose of advertising or promotional material? Yes
No

For more information or queries please contact 03 440 0680 or email centralswimschool@codc.govt.nz.

Parent Signature _____

