



Swim School Re-Enrolment Form

Parent Details

Given Name: _____ Surname: _____

Phone Number: _____

Email Address: _____

Child/ren Details

Given Name: _____ Surname: _____

Given Name: _____ Surname: _____

Given Name: _____ Surname: _____

Agreement

I agree to all the swim school terms and conditions and that I am re-enrolling for a 16 week minimum term.

Sign: _____ Date: _____

Payment

Office Use only

Converting from Upfront to Direct Debit: Ref Number: _____

Direct Debit: Suspension taken off Variation filled in (if payments change)

Method: Cash Credit Card Eftpos Cheque

Amount Paid: \$ _____

Concession Card #: _____ Exp Date: _____

Unenrolled then re-enrolled with no credit given

Receipt Attached

Staff Member: _____ Date: _____



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