



REGISTRATION FORM:

FAMILY NAME:

ADDRESS:

SUBURB:Postcode.....

PHONE (HOME) **(MOBILE)**

CHILD'S NAME: 1. 2.

AGE:

DATE OF BIRTH:

CLASS TIME & LEVEL

CHILD'S NAME: 3. 4.

AGE:

DATE OF BIRTH:

CLASS TIME & LEVEL

Would you be interested in receiving future newsletters via email? YES / NO

Email address:

Is there any medical information that you feel we should know about your children?

If yes, please list:

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How did you hear about Holsworthy-Wattle Grove Aquatic Education Centre?

Word of Mouth School Phone Book Drive By

Internet Other:

**I have paid the joining fee per child and received their first swimming cap.
Holsworthy Wattle Grove Aquatic Education Centre's cancellation and make up policy
has been explained to me.**

I have received my bonus offer for using the website registration form

Parent/Carer signature:

Staff signature: Date: