

GRACE SWIM SCHOOL

ENROLMENT FORM

NAME: CHILD 1M/F
CHILD 2M/F
CHILD 3M/F

DOB: CHILD 1 AGE: CHILD 1
CHILD 2 CHILD 2
CHILD 3 CHILD 3

PARENT/CARERS NAME:

ADDRESS:

PHONE: MOBILE

EMERGENCY CONTACT INFORMATION

NAME: PHONE:

MEDICAL HISTORY/SPECIAL NEEDS

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HOW DID YOU HEAR ABOUT US? (Please tick)

- Friend
- Paper Advertisement
- Signs along Anzac Avenue
- Pamphlet Drop
- Other (Please specify)

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