

First Centre Preference	Blacktown	Emerton	Stanhope	Mt Druit	t	Riverstone	
If you are flexible with location	on please tick other	centres					
	Blacktown	Emerton	Stanhope	Mt Drui	tt	Riverstone	
	I	Family Details	6				
Parent/ Guardian Surname Parent/Guardian				dian First Na	me		
Email							
Date of Birth		Gender	Male	Fem	ale		
Home Address							
Suburb	Post Code						
Home Phone	Mobile Phone						
Referral Facebook	Word of mouth	n Internet	At the	centre	Other		
	Emerg	ency Contac	t Details				
Name		Relationship					
Home Phone		Mobile Phone					
	S	tudent Detai	ls				
Surname		First Name					
Date of Birth		Geno	ler Ma	ale	Female	e	
Medical Conditions or Spec	ial Needs						
Sibling Name if already enr	olled						
Has the student had lessons before?				Yes	N	o Unsure	
Can the student float on their back independently?				Yes	N	o Unsure	
Can the student swim independently over 5 metres without flotation devices?					N	o Unsure	

Level (if unsure refer to Enrolment Level Guide or leave blank)

Privacy Protection Note - Blacktown City Council values your privacy and will take great care with your personal details. Your details will not be sold or disclosed to third parties and are only accessible to authorised staff members. Your details will only be used for the intended purpose for which they were provided. To view the full Privacy Management Plan please access the website www.blacktown.nsw.gov.au or contact the Privacy Contact Officer at Blacktown City Council on 9839 6000.

By ticking this box I acknowledge and accept the swim school program information including terms and conditions, rules of engagement, missed lesson policy and privacy note. These are available on the website www.aqualearntoswim.com.au

Date

## Signature

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