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Date: / /	
Child's Name:	
D.O.B: / /	Male: Female:
Home Phone:	
Mobile Phone:	
Email:	
Parent's Name:	
Address:	
	Post Code:
Swimming Ability ( Tick one of	the following):
No previous experience	Can swim 25m
Can put head under water	Can swim 50m
Able to float	Can swim 100m
Can kick and arm stroke	Can swim 200m
Breathe while swimming	Can swim 400m
Can swim 20m	Can swim 800m
Preferred day of class (Tick o	ne box):
Monday 📃 Tuesday 🗌	Wednesday
Thursday Saturday	] 
	日本の法律に
Email: swimschool@splashpalc Post: Splash Palace Swim Sch	19 E 19 27 27 20 77 1

Invercargill 9840 Web: www.splashpalace.co.nz

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