



**Kevin Hessell**  
**School of Swimming**  
**ENROLMENT FORM**

---

### Parent/Guardian Contact Details

Parent/Caregivers Name: .....

Address: ..... Phone: .....

..... Mobile: .....

Town: .....

Email: .....

Emergency Contact: ..... Phone: .....

---

### Childs Details

First Name:..... Surname: .....

Birth Date: ..... M/F: ..... Age:.....

First Name:..... Surname: .....

Birth Date: ..... M/F: ..... Age:.....

First Name:..... Surname: .....

Birth Date: ..... M/F: ..... Age:.....

**Please tell us a little bit about what your child can do in the water:**

.....  
.....

---

### Lessons

Please Tick one: Term Lessons ..... Term Lessons ..... School Holiday Program ..... School Holiday Program .....  
(Preschool) (After School) (10x20min Lessons) (5x40min Lessons)

**WE WILL CONTACT YOU REGARDING A TIME AND DAY THAT SUITS.**

**Please Note:** Term Lessons - 20 minutes per class for Preschool Children and 30 minutes for School Age Children.

---

**A** 1 Sarah Street, Timaru **E** info@kevinswimschool.co.nz **P** (03)68 48895 **M** 021-852-640

ASB Bank – 12-3475-0004471-00