

**Porirua City Aquatics  
Learn to Swim  
Enrolment form**



SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ M/F

PARENTS/CAREGIVERS NAMES

1. \_\_\_\_\_

2. \_\_\_\_\_

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

PHONE NO \_\_\_\_\_ MOBILE NO \_\_\_\_\_

EMAIL  
ADDRESS \_\_\_\_\_

Where did you hear about PCA's Learn to Swim Programme?

*Please tick which applies*

Face book	KapiMana	PCA's website	Word of mouth
Attended last term		Have always 'known'	
School Newsletter - name school			
Other			

**FOR OFFICE USE ONLY**

TERM 1 Paid \$ Receipt no Date	TERM 2 Paid \$ Receipt no Date	TERM 3 Paid \$ Receipt no Date	TERM 4 Paid \$ Receipt no Date
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