

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



SURNAME _____

FIRST NAME _____

DATE OF BIRTH _____ Male/Female (*circle*)

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	TERM 2	TERM 3	TERM 4
Paid \$	Paid \$	Paid \$	Paid \$
Receipt no	Receipt no	Receipt no	Receipt no
Date	Date	Date	Date
Instructor/level	Instructor/level	Instructor/level	Instructor/level