

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



SURNAME \_\_\_\_\_

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

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

PARENTS/CAREGIVERS NAMES

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

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

ADDRESS

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

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

CELL PHONE NO \_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

*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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