



Little Woodlands Preschool

134 Outeniqua Ave, Doringkloof, Centurion

Tel: 078 907 4730
info@littlewoodlands.co.za

Swimming Form:

Child's Details:

Name and Surname: _____

Age: _____

Gender: _____

Date of birth: _____

Allergies: _____

Swimming proficiency: _____

Previous swim instructor: _____

Other important info: _____

Medical:

Medical aid and plan: _____

Medical aid number: _____

Preferred GP: _____

GP practice and number: _____

*****Please attach a copy of your medical aid card and your ID.*****

Parent

Name and surname: _____

Contact number: _____

Email: _____

ID number: _____

Next of Kin:

Name and surname: _____

ID Number: _____

Contact number: _____

Person responsible for account (if not parent):

Name and surname: _____

ID number: _____

Contact number: _____

Email: _____

Residential address: _____

Which days is most suitable: (Please tick the time most suitable)		
	Morning:	Afternoon:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Swimming Lessons Prices Per month:			
		Time:	Per month:
Children 2 yrs. +	2 lesson per week	30 minutes	R600 per month
Children 2 yrs. +	1 lesson per week	30 minutes	R400 per month
Extra lessons	By Appointment if available	30 minutes	R80 per lesson
Adult Lessons	2 lessons per week	45 minutes	R100 per lesson
Baby lessons	Mommy and Baby	30 minutes	R700 per month
Private lessons	1 student per class	30 minutes	R960 (R120 p/lesson)

Terms and conditions:

- Lesson cancellation period of 24 hours before hand.
- One-week notice must be given for the termination of swimming classes.
- Late payment penalties of R50 per month.
- Lessons are payable in advance monthly.
- You will be held responsible for any legal fees resulting from unpaid account.
- Swimming lessons will not take place if there is lightning in the vicinity.
- Lessons missed due to lightning or absence will be forfeited.

Please bring:

- A plastic bag for wet clothes, Swimming Cap (Compulsory), Swimming towel, A warm jacket

Health:

A person suffering from any skin infection or other communicable diseases will be excluded from lessons for the safety and well-being of other participants and teachers, you will only be allowed to rejoin the classes after the necessary certificate of health is received from the doctor handling the case.

Examples include:

Herpes Simplex (Cold sores); Varicella (Chickenpox); Rubella (German measles); Enteroviruses (Hand, Foot and Mouth Disease); Pediculosis (Head Lice); Impetigo (School sores); Morbillivirus (Measles); Mumps; Conjunctivitis; Diarrhea and/or vomiting; Tinea (Ringworm); Parvovirus B19 (Slapped cheek syndrome); Pertussis (Whooping Cough); Human Papilloma Virus (Plantar Warts); Scabies; Eczema.

Skin Allergies: A Doctor's letter will be required for skin allergies to ensure that it is not contagious.

Banking details:

Ereofusion Pty (Ltd)
 Account number: 62634081468
 First National Bank
 Cheque Account
 250655
****Reference: Child's name-SW****

I _____ the legal guardian of _____
 Am aware that the attendance of these swimming activities may hold the possibility of physical injuries. I accept that all reasonable precaution will be taken to ensure the safety and welfare of my child. I understand that I will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which can not be ascribed to negligence on the part of the swimming instructor is responsible for the swimming lesson. I cede my power as parent/legal guardian to the principal of the school or his/her representative should any medical treatment be deemed necessary for my child, in case of an emergency. In the event of a medical emergency or serious injury, I herewith consent that the swimming instructor or a representative, may administer / treat or give the necessary medical assistance.

Full Name of Parent:

Signature:

Date: