

**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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