

# TIVOLI SWIM SCHOOL RE-ENROLMENT TERM 2, 2017

**THIS FORM MUST BE RETURNED TO PIP ASAP (closing date Saturday 1<sup>st</sup> April) or send with full payment, to PO Box 419, VAUCLUSE 2030) PLEASE.**

***Please tick the appropriate box:***

Kambala student or sibling (please list your class year)

External enrolment

**PLEASE LIST MASSIE HOUSE STUDENTS THAT REQUIRE PICK UP FOR A 3.30 CLASS:** \_\_\_\_\_

1<sup>ST</sup> CHILD'S NAME: \_\_\_\_\_

CURRENT (swim) CLASS & DAY: \_\_\_\_\_

2<sup>ND</sup> CHILD'S NAME: \_\_\_\_\_

CURRENT CLASS & DAY: \_\_\_\_\_

3<sup>RD</sup> CHILD'S NAME: \_\_\_\_\_

CURRENT CLASS & DAY: \_\_\_\_\_

***Please note: The day/s you list, as your preference does not guarantee you a placement on that day.***

PREFERRED DAY/S & TIMES: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

NUMBER OF LESSONS PER WEEK: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

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

I, \_\_\_\_\_ hereby consent for myself/child/children mentioned above to attend the above program at TSS. I have read the Swim School booklet and agree to the rules and policies stated. I am aware of the limited parking in Tivoli Ave and will abide by all restrictions. I understand that TSS and its staff shall be released from and shall not incur any responsibility or liability whatsoever for any accident or for any damage to loss of property of the applicant. I hereby authorise TSS centre staff to organise medical treatment as they see necessary at my expense.

Signed: (By applicant or parent/guardian if under 18years of age)

\_\_\_\_\_ Date: \_\_\_\_\_

**Term 2 Fees (9 week Term - Wednesday 26<sup>th</sup> April – Saturday 24<sup>th</sup> June) (there are a couple of public holidays during term 2, Monday, Tuesday and Saturday classes will be a different to the below prices, please see the office for a price)**

	Per Term		Per Term
Learn to Swim	\$207	Dolphins /Stingrays/Manta Rays	\$324
Snappers	\$189	Marlins/Dev. Dolphins	\$418
Seals	\$216	Sharks	\$440

TIVOLI SWIM SCHOOL  
BSB: 062 000  
ACCOUNT: 1535 3980  
Reference: your child's first and last name.

**NB: This form must be returned to ensure your child is enrolled for Term 2.**

### \*\*\*\*\*SWIMMERS BREAKFAST\*\*\*\*\*

(available to AM swimmers only and must arrive to dining room before 8am)  Yes  No

A cost of \$112.50 billed to your Kambala account.

(please circle which morning/s) Mon Tues Wed Thurs Fri

SWIMMER/S NAME: \_\_\_\_\_

Signed: (By applicant or parent/guardian if under 18years of age)

\_\_\_\_\_ Date: \_\_\_\_\_