

# Special Needs Enrolment



## Responsible Person

Surname:	First Name:	Gender:
Date Of Birth:	Address:	
Suburb:	Postcode:	
Contact No.:	Email:	

## Emergency Contact *(Secondary authorised person for enrolment changes)*

Name:	Contact No.:
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## Student

Surname:	First Name:	Gender:
Date Of Birth:	Lesson Day:	Lesson Time:

## MasterCard Or Visa

Card Number:		
Name On Card:	Expiry Date:	CVV:
Date:	Signature:	

## Agreement *(Please Tick)*

<input type="checkbox"/> Payment is taken one (1) direct debit period in advance, equalling two (2) lessons. If your Swim ARCADEMY enrolment occurs between direct debit payments, a pro-rata payment of one (1) lesson will be charged.	<input type="checkbox"/>	<input type="checkbox"/> Cancellations must be lodged by close of business Tuesday, prior to the end of the current debit period. All cancellations must be made via our online Swim ARCADEMY cancellation form or through our cancellation form available at reception.	<input type="checkbox"/>
<input type="checkbox"/> You will be charged a \$15.00 administration fee for each time a payment dishonours.		<input type="checkbox"/> The direct debit cycle can be located on our website.	
<input type="checkbox"/> If you are planning a holiday, or simply want to "Take a Break", you can submit an online request for a period of 2 to 6 weeks. This will include a hold fee of \$5 per week per enrolment.	<input type="checkbox"/>	<input type="checkbox"/> Minimum enrolment of four (4) lessons before cancellation.	<input type="checkbox"/>
<input type="checkbox"/> Suspensions due to illness/injury will only be considered upon receiving a medical certificate for at least two (2) lessons.		<input type="checkbox"/> The cooling off period for Swim ARCADEMY enrolments is forty eight (48) hours from when the agreement is signed.	<input type="checkbox"/>
		<input type="checkbox"/> You may serve us this notice by hand delivery to the facility or by email to <a href="mailto:swim@cockburnarc.com.au">swim@cockburnarc.com.au</a> .	

## Authorisation

I acknowledge that a Cockburn ARC staff member has explained the membership conditions to me.

I acknowledge that I have read and accepted all the terms stated on this agreement.

I acknowledge that the full terms and conditions are available on [www.cockburnarc.com.au](http://www.cockburnarc.com.au).

If I do not terminate this enrolment under the cooling off period, I acknowledge that I have read and accepted the full terms and conditions of the Swim ARCADEMY enrolment on [www.cockburnarc.com.au](http://www.cockburnarc.com.au).

Name:	Signature:	Date:
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## OFFICE USE ONLY

Enrolling Staff Member:	Date:
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## Medical

Parents/Carers may consider completing their form which is intended to assist your child and their transition into Swimming Lessons with Swim ARCADEMY.

This information you provide will be treated as private and confidential. It will only be used to assist the Instructor who will be taking the lessons.

## Medical Details

Please tick the relevant box:

Autism Spectrum Disorder	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>
Vision Impairment	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>
Global Developmental Delay	<input type="checkbox"/>
Deaf and/or Difficulty Hearing	<input type="checkbox"/>
Severe Medical Condition	<input type="checkbox"/>
Other	<input type="checkbox"/>

Language Development

Verbal	<input type="checkbox"/>
Non-verbal	<input type="checkbox"/>
Sign Language	<input type="checkbox"/>

Access to pool

Does the student require assistance to access the pool?

YES

NO

Please provide details:

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## Notes

Please advise any behaviours that may cause your child to become distressed/overwhelmed.

*E.g. Noise, water over their face, putting their head in the water, swimming on their back.*

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What are some hobbies/interests that the student enjoys that could assist the Instructor?

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What can the Instructor do for the student if they become distressed/overwhelmed?

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Form completed by:

Date:

Relationship to the student: