

**SPRING 2010
CAMPBELL COLLEGE
SUNDAY REGISTRATION FORM**

I would like to register for the Spring term 2010. Please enter child's/children's details beside appropriate class (according to age of child/children when starting new term).

Term dates: Sunday 10th January – Sunday 21st March
Term cost: Group Class £88.00 (make payable to Watertots)
 Private Class £132.00 (make payable to Watertots)
(plus include a once off £5 registration fee with your payment)

Please note payment can be made in two instalments. Simply split the amount between two cheques and date one for January and one for mid February. Please send registration form and payment to Watertots, 5 Harberton Park, Belfast BT9 6TW.

Class Times	Age Group/Type of Class	Child's name & DOB
10.00am-10.30am	1-2 yr old Group Class	
10.30am– 11.00am	Baby Group Class (4-12 mths)	
11.00am – 11.30am	1-2 yr old Group Class	
11.30am – 12.00pm	1-2 yr old Group Class	
12.00pm – 12.30pm	2-3 yr old Group Class	
12.30pm – 1.00pm	2-3 yr old Group Class	
1.00pm – 1.30pm	3-6 yr old Group Class	
10.30am– 1.30pm (every 30 mins)	PRIVATE LESSONS (kids aged 3-10). Max of 3 in a class. Please state standard below:	

Please describe your child's current standard:

Please complete your details as fully as possible:

Name (Parent)			
Name (Child)			
Address			
	Postcode		
Home Tel		Work Tel	
Mobile		E-mail	

Any medical problems we should be aware of: _____

- You will receive a text or e-mail prior to term start date to confirm your place. We will try our best to suit your preferred time.***

- *Please sign agreement and complete emergency contact details on reverse side of this page, thank you.*

General Consent Form

- I have read and understand the Watertots information provided.
- I understand it is my responsibility to keep Watertots informed of any changes in health issues that may affect my child at Watertots.
- I understand and agree that Watertots representatives may aid my child in and out of the pool and during classes.
- I consent to my child receiving medical attention if required.
- I consent to other parents photographing/videoing their child/children in the pool.
- I agree that my child/children shall never be left unattended at any time.

Signature of Parent/Carer/Guardian _____

Relationship to child _____

Name (BLOCK CAPITALS) _____ Date _____

Contacts in case of emergency

Contact 1		Contact 2	
Name		Name	
Tel		Tel	