

**WINTER 2010
CAMPBELL COLLEGE
SUNDAY REGISTRATION FORM**

*Please forward form and payment to Watertots, 5 Harberton Park,
Belfast BT9 6TW. Many thanks*

I would like to register for the Winter 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 7th November – Sunday 19th December
Term cost: Group Class £56.00 (make payable to Watertots)
 Private Class £84.00 (make payable to Watertots)

Class Times	Age Group/Type of Class	Child's name & DOB
10.00am-10.30am	Baby Group Class (4-12 mths)	
10.30am– 11.00am	1-2 yr old Group Class	
11.00am – 11.30am	1-2 yr old Group Class	
11.30am – 12.00pm	2-3 yr old Group Class	
12.00pm – 12.30pm	2-3 yr old Group Class	
12.30pm – 1.00pm	3-6 yr old Group Class	
1.00pm – 1.30pm	3-6 yr old Group Class	
1.30pm – 2.00pm	3-6 yr old Group Class	
10.00am– 2.00pm (every 30 mins)	PRIVATE LESSONS (kids aged 3-10). Please state standard below:	

(plus include a once off £5 registration fee with your payment)

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: _____

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- *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	