

Signed: _____

AQUA KID SWIMMING ACADEMY

PO Box 9510
Nelspruit
Sonpark
1206

Tel : 013 745 7089
Cell : 082 411 0678
Fax : 086 601 6281
Email : aquakid@mweb.co.za

NAME: SURNAME:

DATE OF BIRTH:

TEL (H): (W).....

FATHER'S NAME:CELL:

MOTHER'S NAME:CELL:

HOME ADDRESS:

SCHOOL:

E-MAIL ADDRESS:

(ALL INFORMATION WILL BE SENT VIA EMAIL)

PAYMENT METHODS

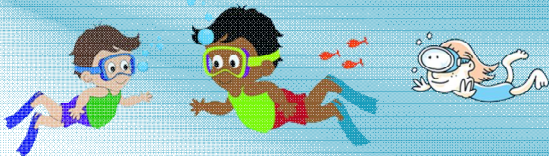
(MARK WITH X THE ONE YOU PREFER)

PLEASE NOTE THAT PARENTS MUST PLEASE COMPLETE THE DEBIT ORDER AS WELL. IF NO PAYMENT VIA INTERNET IS RECEIVED BY THE 4TH OF EACH MONTH WE AS AQUA KID MAY COLLECT THE FEE VIA DEBIT ORDER ON THE 6TH OF THE MONTH.

INTERNET

DEBIT ORDER

NO CASH ACCEPTED | ALL FEES PAYABLE IN ADVANCE



AQUA KID SWIMMING ACADEMY

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MONTHLY FEE 2020

REGISTRATION FEE PER YEAR: R 250
(TO BE PAID IN DEC/JAN)

JAN	R510	JUL	R510
FEB	R510	AUG	R510
MARCH	R510	SEPT	R680
APRIL	R510	OCT	R680
MAY	R510	NOV	R680
JUN	R510	DEC	No Fee

OPEN ON THE 8TH OF JANUARY 2020

SCHOOL HOLIDAY'S (SWIM SCHOOL CLOSED)

- 23RD OF MARCH – 27TH OF MARCH 2020
29TH OF JUNE – 3RD OF JULY 2020
- 21ST OF SEPT – 25TH OF SEPT 2020.
- 15TH DECEMBER CLOSED FOR THE YEAR OF 2020 (TO BE CONFIRMED)

OPENING DATE FOR 2021 TO BE ANNOUNCED

NO LESSON WILL BE DONE IN THESE HOLIDAYS OR ON A PUBLIC HOLIDAY, OR MADE UP FOR LESSONS MISSED.

**In September, October and November you pay your monthly fee + 1/3 of December's fee.
Example
R510+R170=R680**

FULL MONTH FEE PAYABLE DURING HOLIDAYS AND DECEMBER.

I, _____ (Full Name), agree to the above fee structure and will be held responsible for payments. Signature _____

PLEASE REMEMBER NO CASH IS ACCEPTED AND THAT YOU AS PARENT ARE RESPONSIBLE TO MAKE SURE YOUR PAYMENT REFLECTS ON YOUR STATEMENT IF YOU PAY VIA EFT OR DEBIT ORDER.

BANKING DETAILS:

ALOMSEE BELEGGINGS
FNB CHEQUE ACC NR: 62102505825
BRANCH: 220228 PORT SHEPSTONE
Ref : Child's name and Surname and School
(if in Pre-School)



AQUA KID SWIMMING ACADEMY

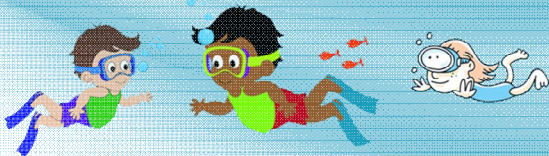
Signed: _____

1. Payments is due by debit order or EFT on the 1ST, if however your money doesn't reflect on AQUA KID'S account by the 4th AQUA KID has the right to deduct the outstanding fee via debit order. Therefore prior to starting swimming at Aqua Kid you as parent needs to sign the **debit order as well**.
2. Parents that choose the debit order: it will be effective on the 1st or 15th of the month. **If you choose the 15th please know it is for the following month. Fees payable in advance.**
3. Parents are only allowed to sit in the training area for the last lesson of the month. This arrangement will ensure that the instructor has your child's full attention for the rest of the month. **It is critical for the child's speedy progress.** Please make yourself comfortable in the reception area or on the patio during the other visits. You are allowed to look through the window from the patio area. Don't open the door unless the teacher asked you too.
4. **Substitute lessons** will only be provided in cases where your child was ill or where **death** in the family occurred. Please **SMS to cancel** and hand in a NOTE FROM THE DOCTOR with your next lesson. Unfortunately there will be **no substitute lessons for thunder during a lesson, public holidays and holidays.**
5. **Please be punctual for lessons.** It will avoid inconvenience for yourself and other clients.
6. Due to safety reasons, **no child is allowed in the swimming pool area** without super vision from one of our **instructors** not a parent. The child is also not allowed in the swimming pool if the teacher is not there.
7. Kids awaiting their brothers, sisters, friends and moms are allowed to play in the courtyard at **own risk until 3 pm**. Parents are requested to keep an eye on the children to prevent injuries or damage to property. The **house, rocks and backyard** are "no-go" areas. **Please note: The swim school can't be held responsible for any injuries to any visitor.** **Nobody is permitted to enter the training area when a lesson is in progress. It can be very annoying to the people in training.**
9. **All kids must wear their own swimming cap and goggles. Beginners will not be allowed to use goggles until they can swim 8m on their own.**
10. **Please make sure that the cap and goggles are fitted on 2 min before each lesson.**
11. If you want to terminate your lessons you must give written notice by email to Louise Louw one **calendar month** in advance- no sms, what's app or verbal notice will be accepted. November will not be accepted as a notice month and therefore December's fee is still payable.
12. Progress reports will only be issued on **request**.
13. **Fees: see attachment.**
14. **From September we will calculate the total of the 4 month's remaining and divide it by 3 so that December's fee will be paid in September, October & November. This is not optional and you can't change any fees.**
15. We at Aqua Kid believe in **sound customer relations and quality service**. If you are **unhappy** with any of our services: **Please tell us**. If your are happy: **Please tell your friends**.

Signed on 20..... at

Signature(Parent)..... Signature(Witness).....

THANK YOU FOR YOUR CO-OPERATION - AQUA KID INDOOR SWIM SCHOOL
(Member of Swimming South Africa) - "TEACHING SWIMMING THE RIGHT WAY"



**AQUA KID
SWIMMING ACADEMY**

Signed: _____

Are the parents divorcedHas the child had any previous swimming lessons, if so what age and what did he /she learn?

Occupation of Father :
Occupation of Mother :

**THIS INFORMATION IS CONFIDENTIAL
INDEMNITY CERTIFICATE**

DETAILS OF CHILD

Name : Surname :

I, the undersigned.....

Parent / guardian of

Grant indemnity to "AQUA KID" and the personnel as well as the PRE SCHOOL your child is collected from , any claim against myself, which might arise from the following : injuries happening on the premises during school hours and transporting a child (eg. Motor car accident), by an authorized person.

EMERGENCIES, IN CASE OF PARENTS NOT BEING AVAILABLE.

A) Contact person:Tel :

Relationship.....

Address :

B) Contact person:Tel :

Relationship.....

Address :

C) Doctor : Tel :

EMERGENCY MEDICAL SERVICES

I,hereby agree to give permission to obtain emergency medical services for my child. In case I cannot be reached and you / they are of the opinion that this is of vital importance.

Date :Place :

Signature (Parent) :



**AQUA KID
SWIMMING ACADEMY**