**Dear Parent/Guardian**

Thank you for enrolling in the new JPSWIM’s \_\_\_\_\_\_week swimming programme held at Belfast Royal Academy.

**PLEASE CHECK WITH JPSWIM FOR DATES AND COST OF NEW SESSEION>**

*All dates are subject to availability with Belfast Royal Academy’s opening hours.*

**To hold your place and make registration easier we are requesting that you forward your completed registration form and payment no later than the first day of the new session.**

Please make cheques payable to: **J PUTT**

*Postal payments can be forwarded to the following address:*

 18 College Drive

Wellington Square

BELFAST BT7 3LF

www.jpswim.co.uk/info@jpswim.co.uk/07858518119

**PLEASE READ AND RETAIN FOR YOUR INFORMATION**

**TERMS AND CONDITIONS OF ENROLMENT**

* Your child’s/children’s place/places cannot be guaranteed if you do not contact JPSwim by the above date to confirm your re enrolment.
* There will be no guarantee that your place will be held if the full payment has not been received by the commencing date of the new session.
* All relevant information must be completed uncompleted forms may result in your child losing their place in the programme.
* All payments are NON refundable.
* Enrolling in JPSwim’s programme held at Belfast Royal Academy, Clintonville Road, Belfast is accepting all BRA’s regulations and authorising JPSwim to teach your child/children in their swimming classes.
* All cancellations beyond JPSwim’s control are NON refundable. All payments are NON refundable but notice will be given if any changes are required to the dates or times of the programme.

**If your child is re enrolling please indicate their previous class below:**

Beginners level 1/2 3.45-4.15

Improvers level 1/2 3.45-4.15

Advanced + Rookie Lifeguard course 3.45-4.15

Beginners level 1/ 2 4.15-4.45

Improvers level 1/ 2 4.15-4.45

Intermediate level 1/2 4.15-4.45

Beginners level 1/2 4.45-5.15

Improvers level 1/2 4.45-5.15

Intermediate level 1/2 4.45-5.15

The following questions must be completed by a Parent/Guardian.

Parents/Guardians name..........................................................................

Address.....................................................................................................

………………………………………………………………………………………………………………

Postcode....................................................................................................

Contact details:

Home....................................... Work................................................

Mobile.......................................................................................................

Email address.............................................................................................

Child’s Name..............................................................................................

Child’s date of birth....................................................................................

Please delete as appropriate:

Any physical disabilities: Yes/No (if yes, give details on a separate sheet)

Any mental disabilities: Yes/No (if yes, give details on a separate sheet)

Please sign below to confirm that you have read and accepted all terms and conditions.

Signature………………………………………………………. Date……………………………….

To be signed and dated by the Parent/Guardian

**The full payment must to be made at the start of the new session.**

\_\_\_\_\_week swimming session £

**Total Payment £**

**PLEASE DETACH AND FORWARD WITH PAYMENT**

 Dear Parent/Guardian

I would be grateful if you would take the time to complete a valuation of the programme and authorise the testimonial to be used on the ‘JPSwim’s’ website.

Many thank,

Joan Putt

Please use, BLOCKED CAPITALS

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

I give my authorisation for the above testimonial to be used on ‘JPSwim’s’ website.

Signature of Parent/Guardian....................................................

**JPSWIM’S**

ENROLMENT FROM

FOR THE

SWIMMING CLASSES

HELD AT

BELFAST ROYAL ACADEMY

FOR

4 YEARS AND OVER

JOAN PUTT, DipJEB