Dear Parent/Guardian

Thank you for enrolling in the new swimming term held on Saturday mornings at:

Banbridge Leisure Centre.

To make registration easier we are requesting that you forward your completed registration form with your payment either by cash, cheque or bank transfer.

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

All payments can be forwarded to: **J PUTT**

[**www.jpswim.co.uk/info@jpswim.co.uk/07858518119**](http://www.jpswim.co.uk/info%40jpswim.co.uk/07858518119)

**PLEASE READ AND RETAIN FOR YOUR INFORMATION**

**TERMS AND CONDITIONS OF ENROLMENT**

* In the Parent and child classes each child must be accompanied ‘in the water’ by a responsible adult.
* Adults must not leave the premises while a child/children are in the group lessons on their own.
* 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, in complete forms my result in your child losing their place in the programme.
* All payments are NON refundable.
* All cancellations beyond JPSwim’s control are NON refundable. Notice will be given if any changes are required with the dates or times to the programme.
* Anyone wishing to use the Leisure Centre facilities after their lesson has finished must pay an entrance fee at reception.
* All items of clothing or pushchairs must not be left in the changing cubicles during lessons.
* Pushchairs are not permitted on the poolside.
* No waiting at Baby Pool while Council lessons are in progress.

Please find your allocated class highlighted below:

|  |  |
| --- | --- |
|  |  |
| Parent ‘n baby/toddler group | 9.00 - 9.30 am |
| Parent ‘n little swimmer group | 9.30 - 10.00 am |
| Child only group | 10.00 - 10.30 am |
| Child only group | 10.30 - 11.00 am |

The following questions must be completed by a parent or 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 and date to confirm you have read and accepted the terms and conditions.

Signature of Parent/Guardian……………………………………. Dated……………………

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

**Deposit £**

**Balance £**

**Total Payment £**

**PLEASE DETACH AND FORWARD WITH PAYMENT**