


# AquaKids® Keller Enrollment Form

_____ Last Name	_____ Student Name	_____ DOB	_____ Age
	_____ Student Name	_____ DOB	_____ Age
	_____ Student Name	_____ DOB	_____ Age

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Alt. E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

How did you hear about AquaKids®, Inc.? \_\_\_\_\_

Does the student have any physical or learning disabilities? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, explain: \_\_\_\_\_

## Emergency Contact (someone other than yourself):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Please read and initial the following policies.

\_\_\_\_\_ I understand that swim lessons should never replace constant adult supervision.

\_\_\_\_\_ I understand that AquaKids® reserves the right to reschedule any class with enrollment of 2 or less students.

\_\_\_\_\_ I understand that due to operational costs, tuition for swim lessons is **nonrefundable** and credit is given **only** in the event of a medical emergency.

\_\_\_\_\_ I understand that make-up lessons are offered as a courtesy to the customers of AquaKids®, and that there is no guarantee that the make-up times will be convenient with my schedule. Following one free make-up lesson, I agree to pay a \$3.00 make-up fee. This fee is due at the time I schedule my make-up lesson and is non-refundable should I cancel the lesson. There is a \$10 reschedule fee for private lessons. The make-up policy does not apply to classes cancelled by AquaKids®.

\_\_\_\_\_ I understand that AquaKids® does not offer make-up lessons for swim camps due to the accelerated pace of the session.

\_\_\_\_\_ All make-up lessons must be completed during the session in which the class was missed and cannot be carried over into the next session.

\_\_\_\_\_ AquaKids® is not responsible for any lost or stolen personal items.

\_\_\_\_\_ I will notify AquaKids® if my child comes under a physician's care during the course of instruction.

\_\_\_\_\_ I give permission for all photos taken by AquaKids® to be used in advertising.

## I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_