



Kidz Country Corner Aquatics

P.O. Box 28514
Sunridge Park, 6008
TEL NO: 041 3791026
076 9147646
www.kidzcountrycorner.co.za
info@kidzcountrycorner.co.za
Kamma Park/Theescombe

Operating since 1979
Heated indoor swimming pool
LTS Qualified teachers

Joining Date:.....

CHILD'S NAME:.....SURNAME.....
DATE OF BIRTH..... GENDER(M/F).....

PARENT/GUARDIAN'S NAME:.....
PHYSICAL ADDRESS:.....
POSTAL ADDRESS:.....
TELEPHONE NO. HOME.....CELL NO.....
E-MAIL ADDRESS:.....
WORK:.....WORK TEL NO.....

MEDICAL DETAILS:
Please give details of any medical or other information we should be aware of:
.....
DOCTOR'S NAME.....TEL NO'S.....

PLEASE UNDERLINE:
SWIM EXPERIENCE.....Non Swimmer / Water Safe / Swimmer
PREVIOUSLY ATTENDED A SWIM SCHOOLYes / No
PREFERRED DAYS FOR LESSONS:.....Mon /Wed pm Tues /Thurs pm
CAN MOM/DAD SWIM.....Yes / No

FEES

Non Refundable Joining Fee: R300.00

S1: R550.00 per month. 2 lessons per week in a group of 4

S2: R320.00 per month. 1 lesson per week in a group of 4

S: R420.00 per month 'One on One' Lessons. 1 lesson per week

All lessons are 20 minutes long.

Wet Bags: R90.00

CLOSED APPROXIMATELY 3 WEEKS IN DEC

ABSA, Account no. 4047676482, Code 632005, Account Name – Kidz Country Corner
Reference – your child’s name.

REQUIREMENTS:

SWIMMING CAP
FULL COSTUME for GIRLS and PRESCHOOL AND YOUNGER BOYS.
GOGGLES IF NEEDED

MAKE UP POLICY:

THERE WILL BE NO MAKE-UP LESSONS UNLESS A SWIMMER HAS A SERIOUS ILLNESS OR INJURY WHERE ALL EFFORTS WILL BE MADE TO RESCHEDULE LESSONS. SHOULD WE HAVE TO CANCEL, LESSONS WILL BE MADE UP.

**FEES ARE PAYABLE IN ADVANCE REGARDLESS OF HOLIDAYS OR ILLNESS AND ARE PAYABLE BY THE 1ST OF THE MONTH.
NO CHEQUES OR CASH ARE ACCEPTED.
THERE WILL BE A YEARLY INCREASE IN FEES.
1 CALENDER MONTHS NOTICE MUST BE GIVEN IN WRITING.
NO NOTICE MAYBE GIVEN DURING THE 4TH TERM
IF YOUR ACCOUNT IS HANDED OVER FOR COLLECTION YOU WILL BE LIABLE FOR THE COSTS INCURRED.
PLEASE NOTE THAT IN THE UNLIKELY EVENT OF AN ACCIDENT ,THIS SWIM SCHOOL CANNOT BE HELD RESPONSIBLE.**

BOTH PARENTS OR LEGAL GUARDIANS TO SIGN.

I, the undersigned, parents /legal guardians

to

have read and agree to all terms and conditions of Kidz Country Corner.

NAME OF PERSON RESPONSIBLE FOR PAYMENT OF FEES:.....

IDENTITY NUMBER:.....

SIGNED:.....FULL NAME.....

DATE:.....