# BARRACUDA BABIES Swim School Term 3 2025 - Tuesdays

## **TERM 3 2025 - 10 WEEKS**

Tuesday classes will commence on July 22<sup>nd</sup> and run through to (and including) September 23rd.

## **\*PLEASE NOTE THAT DIRECT DEPOSIT DETAILS HAVE CHANGED**

My child(ren) will be participating in swimming classes during Term 3, 2025. To secure a spot, full payment is required. A 10% family discount applies to the second child and any additional children, while the first child pays the full fee. The term pricing details can be found on the next page.

SWIMMER	1.		
First Name		Last Name	
DOB		Level/Age	
SWIMMER	2:		*If you are new and level is unknown please provide a copy of your last swimming certificate (Level 1 and above)
First Name		Last Name	
DOB		Level/Age	
SWIMMER	3:		
First Name		Last Name	
DOB		Level/Age	
PLEASE TIC	K THE APPROPRIATE BO	X:	
Ne	w swimmer	Previous swimm	ner
If new or y	our information has changed plea	ase fill out the following c	ontact information:
PARENT INFO	RMATION:		
First Name		Last Name	
Phone No			
Email Addres	SS		
*Remember to c	heck email regularly. Any notificati	ions will be sent via email.	

kalamunda physie

Please turn over to read terms and conditions and provide payment details

# **TERMS AND CONDITIONS**

Refunds/Credits:	Fees are non-refundable for missed sessions or holidays. However, we understand that unavoidable circumstances may arise. Credits will only be considered for medical reasons, provided a doctor's certificate is submitted. Each request will be assessed on a case-by-case basis in accordance with our policies. To request a refund or credit, please email <i>mail@kalamundaphysio.com.au</i> for approval. Approved credits will be valid only for the following term.	
Cancellations:	If cancelling the term or part thereof, an administration fee of \$30 will be incurred.	
Makeup Classes:	NO individual makeup classes available. Makeup classes are only added when your swim teacher is sick/away. You will be notified if this occurs.	
Late Enrolments:	If you enrol late into the term, you only have to pay for the weeks left of the term.	
Trials:	No trials will be offered.	
Photography:	Due to privacy concerns, photography and videoing during swimming lessons is not permitted	

#### Spots are only confirmed once payment and enrolment form is returned to reception.

I, the undersigned, have read, understood and will abide by the Terms and Conditions. I understand that class times are not guaranteed and may be changed at the discretion of management.

## Signature:

# **PAYMENT DETAILS TUESDAYS TERM 3:**

## The cost for x1 child is \$210.00

(10% discount on each sibling)

Registration will only be accepted with a full payment, unless authorised by the Principal of the Practice.

changed

**Direct Deposit** 

A/C Name: Kalamunda & Hills Physiotherapy BSB: 086 147 A/C No: 4091 17220 Please note that direct deposit details have

Signed ..... (parent)

Paid via EFT Transfer Date:....

Receipt No & Ref i.e. Parent or Child's name:.....

# OR

EFT payment at front desk

THANK YOU FOR COMPLETING THE ENROLMENT FORM WE LOOK FORWARD TO SEEING YOU IN TERM 3 !!!

Remember to return your form with payment ASAP to confirm your place in class

