# BUBBLES SWIMMING SCHOOL

Member of PSTCA and SSA

Cell: 083 3060 689 Office: 082 439 2281 Mail: admin@bubbleswimschool.co.za

## **ENROLMENT FORM**

(To be completed in full and send back to swimming school)

## BUBBLES SWIMMING SCHOOL/YOLANDA McLEAN

and

### THE PARENT/GUARDIAN

Please mark rel	evant to you	r lessons:
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President Park Pool: N	Mon Wed	d OR Tues	Thru <b>OR</b> Sat	-							
Where did you hear of	us: Website	Friend/Family	y_Vechile BrandingBil	lboardOth	ner:						
Pupils Surname:			Pupils First Name:					_			
Date of Birth:			Age:		Male	e/Fema	ıle				
Fathers Full Name:			Mothers Full Nar	ne:							
Physical Address:											
Postal Address:											
Tel. Home:		Email:									
Tel. Father Work:			Tel. Mother work	:							
Father cell:			Mother Cell:								
Person responsible f	or payment	of fees:									
Any relevant inform	ation the sw	rimming school	ought to know; ailments;	allergies et	cc						
to the school using calendar month we will be taken for the or private lessons I vassociated with the asswimming activity. Conditions or hospital School or one or mo	r a debt ord ritten notice safety and will hold bla ctivity show This include dization, under of its emp	der, or using a te to terminate welfare of me/m meless and indeald any prejudice as an indemnity a less such loss is ployee's. I under	Swim School and agree to written alternately against the contract. I further a sychild(ren) and for the commify all persons, Bubble, loss, damage, illness or against recovery of cost recaused by the negligence restand that I am responsible personal capacity and as a	reed paymagree to the are of my/hes Swim Scrinjury occuesulting from the model of t	ent metho condition to is/her poss school and a ur to me/my om damage, ss or delibeninor outside	d; and hat; where essions Il other y child loss a rate ac de of th	d to gathile even or gard (ren) of the control of t	very ping expinization during mediation mediations.	one precations g the cal es Sy time	autice mure e wime. Th	on ral
Signed Date:	(Day)		(Month)_		(Year)						
Father I.D. Number			Mothers I.D. N	lumber							
Father Signature			Mothers Signat	ure							
Office use:											
ACC.Nr: List:	<u>D 6</u>	<u>Debt Order</u>	<u>Note:</u>								

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## Please read and sign Terms and Conditions for 2016

#### 1. General

- 1.1 Bubbles Swim School is open from January to December with a break over the Easter Holidays;
- 1.2 To ensure that each learner receive the best instruction: all lessons will commence punctually and finish according to the roster provided or times agreed;
- 1.3 In cases where a learner cannot attend a lesson: alternate arrangements can be made to compensate for the lesson. Additional charges WILL be levied accordingly;
- 1.4 Should any lesson be cancelled by the instructor: alternate arrangements will be made to compensate for the lessons
- 1.5 Once a single payment has been made: it is accepted that the terms and conditions of Bubbles Swim School; as set out in this document, are wholly accepted and agreed to by the parent/guardian and/or student/swimmer;
- 1.6 Bubbles Swim School will not be liable for the misplacement or loss of any articles belonging to the swimmer.

## 2. Fees and Payment options

#### Registration Fees

A non – refundable annual registration fee of R180 per swimmer, payable in January or on commencement of the contract will be levied.

#### **Payment Options**

All payments are to be made using the Debit Order facility.

Alternate payment arrangements must be made via a direct agreement with Bubbles Swim School. These arrangements can be made by contacting the school's admin office.

- 2.2 A penalty of 10% of the value of the outstanding amount will be levied for accounts are not settled after two months (60 Days);
- 2.3 Accounts are not settled after two months (60 Days) will be handed over to debt collectors.
- 2.4 All cost associated with the collection of fees from debt collector will be for payable by the account holder;
- 2.5 If debt order collection fails there will be an additional charge of R 100 per transaction.
- 2.6 Annual fee increases will be effective from 1<sup>st</sup> September of the every year
- 2.7 Discount rates for siblings, family groups and full year payments can be arranged with the school's admin office.

### 3. Notice Period

- 3.1 Notice is to be given **one calendar month** before discontinuing swimming lessons. All notices must be email to <a href="mailto:admin@bubblesswimschool.co.za">admin@bubblesswimschool.co.za</a> before 7th of the month. No verbal or SMS cancellation will be accepted. Failing to do so will result in the account holder being liable for that months instruction fees.
- 3.2 No notice will be accepted in October for the cancelation of November and December.
- 3.3 No notice will be accepted in March or April for cancellation of lessons.
- 3.4 Notice for June/July winter break must be emailed to <a href="mailto:admin@bublleswimscholl.co.za">admin@bublleswimscholl.co.za</a> before 7<sup>th</sup> May.
- 3.5 Notice that a fee of R100 per month will be payable during winter break to keep your time slot.
- 3.6 During December and any school holidays: the full month's fees are still to be paid even if the swimmer does not attend the lessons.

Please do not hesitate to contact me for further information.

#### **BANKING DETAILS:**

Bubbles Swimming School / Y.Mclean Standard Bank Current: 062797603 Branch:001155

REF: ACC Nr

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Cell: 083 3060 689 Office: 082 439 2281 Mail: admin@bubbleswimschool.co.za

Authority given by:	
Name of Swimmer(s):	
Name of Accountholder:	
Name of Bank:	
Branch:	
Branch Code:	
Account Number:	
Type of Account:	urrent (cheque) / Savings / Transmission
Identity Number of Accountholder:	
Mobile Number of Accountholder:	
Email Address of Accountholder	
I hereby authorise you to issue and deliver more increase in September) to my bank for collection mentioned Bank. In the event that the payment	
insufficient funds in my account to meet the ob- fee and to debit my account again in 7 days. I u processed through a computerized system provi- the withdrawal will be printed on my bank state	ligation, the Beneficiary will be entitled to add R100.00 penalty inderstand that the withdrawal hereby authorised will be ded by the South African Banks. I also understand that details of ement and by <i>Three Peaks</i> shall be treated by my above mentioned
giving not less than 30 days written notice and to admin@bubbleswimschool.co.za. I/We agree me/us, such cancellation will not cancel the Agr	of and continue until this mandate is terminated by me/us by sent to the Beneficiary at the address recorded bellow or emailed that although this Authority and Mandate may be cancelled by reement. I/We shall not be entitled to any refund of amounts was in force, if such amounts were legally owing to you.
I/We acknowledge that this Mandate may be ce ceded or assigned to the same third party. In the cannot be assigned to any third party.  Third Party Payment Provider.	ded or assigned to a third party only if our Agreement is also absence of such assignment of the Agreement, this Mandate has appointed Three Peaks payment House to execute the entire
debit order process and act as the Beneficiaries  Signed at:	