

# YMCA Caloundra Re-enrolment Form

PARENT/GUARDIAN'S SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHILD 1: SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ GENDER: M/F  
PRESENT CLASS: \_\_\_\_\_

NEW CLASS FOR NEXT TERM: Preference 1: Class Type: \_\_\_\_\_ Day: \_\_\_\_\_ TIME: \_\_\_\_\_  
Preference 2: Class Type: \_\_\_\_\_ Day: \_\_\_\_\_ TIME: \_\_\_\_\_

CHILD 2: SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ GENDER: M/F  
PRESENT CLASS: \_\_\_\_\_

NEW CLASS FOR NEXT TERM: Preference 1: Class Type: \_\_\_\_\_ Day: \_\_\_\_\_ TIME: \_\_\_\_\_  
Preference 2: Class Type: \_\_\_\_\_ Day: \_\_\_\_\_ TIME: \_\_\_\_\_

Please be advised we will do our best to accommodate your request however due to class numbers this may not be possible. We will contact you if there is any problem otherwise please assume you have your first choice.

***Membership Agreement: I understand that by enrolling my child, a reservation has been made and I agree to abide by the YMCA's fee payment and refund policies.*** Credit Card Details (Please note we do not accept Amex or Diners)

Card number: \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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CHILD 2: SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ GENDER: M/F  
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