

POLAM SCHOOL  
45 LANSDOWNE ROAD  
BEDFORD  
MK40 2BY

Tel. No. Bedford 273195

**ANTE & POST NATAL WATER THERAPY SESSIONS - AUTUMN TERM 2008**

The two courses for the Autumn Term will be as follows:

- **Course 1** - Monday 8<sup>th</sup> September to Monday 13<sup>th</sup> October - £35.40
- **Course 2** - Monday 3<sup>rd</sup> November to Monday 1<sup>st</sup> December - £29.50
- There will be no swimming during the weeks of half term, Monday 20<sup>th</sup> October to Friday 31<sup>st</sup> October.

There will be three sessions each **Monday**, each lasting one hour, beginning at 11.15am, 6.30pm and 7.30pm.

Should you wish to enrol for these sessions, please complete the pro forma below and return it to the above address together with the appropriate remittance. **Cheques payable to "Polam School" please.** The course can be joined at any point provided there is a place, payment being made to the end of the course or the baby's due date. Credits for sessions missed can only be given on medical grounds of which the School Office or course teachers have been duly informed.

Children should **not** be left unattended in the viewing area and please do **not** leave any valuables in the changing rooms.

**PLEASE NOTE THAT THE SWIMMING POOL CAR PARK IS FOR STAFF ONLY.**

**N.B.** Lesson times will be allocated automatically unless you are informed otherwise, so please attend on the dates notified above at the time requested. **GROUPS WILL BE FILLED ON A "FIRST COME, FIRST SERVED" BASIS, ON RECEIPT OF COMPLETED APPLICATION FORM AND PAYMENT.** No confirmation of booking will be sent.

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I wish to join the \***Ante / Post Natal Water Therapy** classes on **Mondays** at:

\*11.15am / 6.30pm / 7.30pm

I have the consent of my doctor. My baby is due on \_\_\_\_\_ (if ante natal)

Please notify the teacher of any relevant medical condition before the beginning of the course.

I enclose the appropriate fee for \* course 1 / course 2 / both courses.

Name \_\_\_\_\_ (block capitals please)

Address \_\_\_\_\_

Tel: Home \_\_\_\_\_ Mobile : \_\_\_\_\_

Signed \_\_\_\_\_ E-mail \_\_\_\_\_

\*please delete as applicable

**AUT 08**