



Swim Lesson Registration

Session 1: June - 11, 13, 18, 20 & 25

Session 2: July 9, 11, 16, 18 & 23

10:30-11:30am - OR - 7:00-8:00pm

Please complete the following information and select the swim session your child would like to attend. By completing the skills checklist, our staff will be able to determine which class level your child will benefit from. Throughout the session, your child’s skills will be evaluated and your child may progress to another class level of instruction when skills have been mastered. Learning how to float is a required skill before advancing to the swim instruction class. Parents of young children are welcome and encouraged to accompany child during swim class

Session Number: 1 2 Morning (10:30-11:30am) Evening (7:00-8:00pm)

Participant Name (First/Last & Age): _____

Parent/Guardian Name (First and Last): _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact/Phone#: _____

Check the following regarding your child's current swimming skills:		
	YES	NO
My child is afraid of the water		
My child can jump into the water from the edge of the pool		
My child can put his/her face in the water		
My child can float on his/her stomach		
My child can float on his/her back		
My child can doggy paddle		
My child can tread water		
My child can swim the breast stroke		
My child can swim the back stroke		
My child can swim under water		

Additional Notes From Parent:

OFFICE USE

Payment: \$50.00

Receipt Number: _____ Date: _____

Employee Signature: _____