

SWIMMING FOR LIFE SWIM SCHOOL

2012 REGISTRATION FORM

11520 Kanuba Court, Clermont, FL 34715
352-394-2265 (voicemail) ginswim@embarqmail.com

PLEASE PRINT:

Parent's Name (Last) _____ (First) _____

E-Mail Address: _____

Contact Phone Numbers (Hm) (_____) _____ (Cell) (_____) _____

| Student Name (Give last name if different than parent) | Age & DOB | Last Swim Class Completed (Give class and Year) Group or Private? | Session(s) 1 st & 2 nd Choice | Time 1 st & 2 nd Choice |
|---|-----------|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

- ◆ I have read the *Important Reminders* and I agree with the Swim School's policies and procedures.
Please initial: _____

- ◆ I am a **NEW CLIENT** and I understand that before I register, I must speak with Ms. Ginny.
Please initial _____

Please indicate if your child has any health concerns, learning disabilities or special needs. By providing this information, I will be able to adjust my teaching style to ensure an enjoyable and successful experience for you and your child.

Student's Name: _____

Explanation: _____

PRICING

| PRIVATE LESSONS | | |
|--|--|-------------|
| <u>Infant/Toddler 1-2 years</u> | <u>Description</u> | <u>Cost</u> |
| <input type="radio"/> New Students and or Returning | 2 consecutive Sessions; 16 lessons @ 15min | \$240 |
| <input type="radio"/> Returning Students <u>ONLY</u> | 1 Session; 8 lessons @ 15 min | \$120 |
| <u>Age Group 3-14 years</u> | <u>Description</u> | <u>Cost</u> |
| <input type="radio"/> Fearful Students | 2 Sessions; 16 lessons @ 30 min | \$480 |
| <input type="radio"/> New or Returning Students | 1 Session; 8 lessons @ 30 min. lessons | \$240 |
| <u>ADULTS 15 years & older</u> | <u>Description</u> | <u>Cost</u> |
| | 1 Session; 4 lessons @ 60 min | \$240 |
| | 2 Sessions; 8 lessons @ 60 min | \$480 |