

ST. MARYS AQUATIC CENTER
SWIM LESSON REGISTRATION

Child Name: _____ Age: _____

Parent Name: _____

Address: _____ City: _____

Day Phone: _____ Evening Phone: _____

Has the child taken lessons before? Yes __ No __

If yes, what was the last class completed? _____

Does the child have any medical concerns our instructors should be aware of? _____

Class desired: Please circle your first choices:

Session: 1 2 3

Level: Water Babies Pre-School Level 1 Level 2 Level 3

Staff Use Only

Session: _____	Class: _____	Time: _____
Date Paid: _____	Staff: _____	Entered in Book: _____