

## Preserve Association Swim Lesson Form 2019

*Please print*

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone (home) or Cell \_\_\_\_\_

Phone (work) or guardian/nanny (name & #)  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Session Desired \_\_\_\_\_ Time \_\_\_\_\_

Second Choice \_\_\_\_\_ Time \_\_\_\_\_

### For Office Use Only

Date Recd \_\_\_\_\_

Amt. Recd \_\_\_\_\_

Check# \_\_\_\_\_

Cash \_\_\_\_\_

Credit Card Type

VISA \_\_\_\_\_ MC \_\_\_\_\_

AMEX \_\_\_\_\_ DISC \_\_\_\_\_

Paypal \_\_\_\_\_

# \_\_\_\_\_

Exp date \_\_\_\_\_

Class level #: Preschool Aquatics 1-2 \_\_\_ Learn to Swim 1-6 \_\_\_ Unsure of level Yes  No

Is child in a previous session this summer Yes  No  List session number & level \_\_\_\_\_

Please list any limiting factors we should be aware of: Allergies, etc \_\_\_\_\_  
\_\_\_\_\_

**FEE MUST BE PAID WITH REGISTRATION NO REFUNDS GIVEN**

Use a separate form for each applicant and each session.

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