

STEPPING STONE SCHOOL
REGISTRATION FORM

SWIMMING LESSONS
SUMMER 2018

Child's Name _____ Age ____ DOB _____
Address _____ Phone _____

Is your child enrolled at Stepping Stone School for the summer? Yes No

If yes, who is your child's teacher? _____

If no, where does your child attend school? _____

Does your child have tubes in his/her ears? Yes No

My child may have ear drops... Yes No

Does your child have any fears of the water? Yes No

Has your child had swimming lessons with us before? Yes No

How long did your child take swimming lessons? _____

Please share any information that would be helpful for us to know before swimming with your child:

Your child will be assigned to a swim level according to age and ability. After completing the course, your child will then be promoted to the next level. You will need to re-register your swimmer for the next session available to start the next level, or you may sign up for as many sessions as you want. **Please understand that parents and guardians are not allowed to observe swimming lessons until Observation Day, which is scheduled the last day of swimming lessons. NO REFUNDS WILL BE GIVEN FOR ANY REASON.** We will only make up lessons cancelled due to weather. We do NOT make up days missed due to illness or vacations, so please double-check that your vacation days do not interfere with swim lessons.

Please circle the session(s) you prefer: (All lessons are on MWF, for 1 hour and 30 minutes in length for 4 days.) Cost is \$100 per session. **All sessions must be paid for before your child will be enrolled.**

- Session I June 11, 13, 15 & 18th (Observation Day on 18th)
- Session II June 20, 22, 25 & 27th (Observation Day on 27th)
- Session III July 9, 11, 13 & 16th (Observation Day on 16th)
- Session IV July 18, 20, 23 & 25th (Observation Day on 25th)
- Session V July 30, Aug. 1, 3, & 6th (Observation Day on 6th)
- Session VI Aug. 8, 10, 13 & 15th (Observation Day on 15th)

Parent Signature _____

Daytime Phone _____ Evening Phone _____

Cash _____ Check # _____ Credit Card on file Amount: _____

AmEx Discover Visa MC # _____ - _____ - _____ - _____ Exp: ____/____ CVC _____

RECEIVED IN OFFICE BY: _____ DATE _____ TIME _____