Lockport Community Pool Swim Lesson REGISTRATION FORM

Swimmer's Name:					
Parent's Name:					
Home Address:					
City:	_State:	_Zip:			
Swimmer's Age:	_Birth Date:_				
Phone #:	_E-mail:				
Circle what applies for each of the following:					
Level: 1 2 3 4 5 6					
Days: Monday/Wednesday AM	Monday/W	ednesday PM	Tuesday/Thursday AM		
Cost: \$30.00 per swimmer Total amount paid:					
Medical or health conditions instructors should be aware of:					
Check what applies for the following: <u>Class Days & Times</u>					

Level	Days	Times	Check One
Levels 1, 3, 5	Monday/Wednesday	10:30 AM-11:00 AM	
Levels 2, 4, 6	Monday/Wednesday	11:15 AM-11:45 AM	
Levels 1, 2, 3, 4, 5, 6	Monday/Wednesday	6:15 PM-6:45 PM	
Levels 1, 3, 5	Tuesday/Thursday	10:30 AM-11:00 AM	
Levels 2, 4, 6	Tuesday/Thursday	11:15 AM-11:45 AM	

For office use only (check what applies for each of the following):				
Fee Paid	Check	Cash	Late Fee	
Date Received	Initials			