

FOX VALLEY SWIM LESSONS REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Daytime Phone: _____ Cell: _____

Mother's Name: _____ Daytime Phone: _____ Cell: _____

**Email Address:

Child's Swim Ability: (0-Never Swam, 5- Excellent) please circle one: 0 1 2 3 4 5

What would you like your child to learn? _____

Please Circle days/times of swim Lessons: Tu/W/Th 9:00am – 9:30am or 9:30am – 10:00 am

Amount Enclosed: _____ **payment must be in form of check or fee
will be charged to member account!*

Payment Method: ___ Check Number: _____

Member Account Number: _____

Signature: _____

***Group lessons are \$150.00 per person for a 6-week session, 30-minute classes
3 times per week. 24 hour cancellation notice is required or your account will
be charged for the lesson!**