

Concordia Family Aquatic Center American Red Cross Swim Lessons



Enrollment Form

2009 Season

Student Name _____
Last Name PLEASE PRINT First Name

Date of Birth *(MM/DD/YY)* _____ AGE: _____

Parent Name _____
Last Name PLEASE PRINT First Name

Email Address: _____ (Event/Activity Notices)

Address _____

City/ST/Zip _____

1st Ph.# _____ (In Case of Cancellation or Emergency)

2nd Ph # _____ (In Case of Cancellation or Emergency)

Which level do you believe your child should be tested on the 1st Day?

~~~~~ Please check one ~~~~~

|                   |                          |                   |                          |                   |                          |
|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Level 1 - Pretest | <input type="checkbox"/> | Level 3 - Pretest | <input type="checkbox"/> | Level 5 - Pretest | <input type="checkbox"/> |
| Level 2 - Pretest | <input type="checkbox"/> | Level 4 - Pretest | <input type="checkbox"/> | Level 6 - Pretest | <input type="checkbox"/> |

**Fee: \$35.00/session**

*WHICH SESSION ARE YOU ENROLLING INTO:*

|                                                                                        |                          |         |
|----------------------------------------------------------------------------------------|--------------------------|---------|
| Session I ~ Jun 29 to Jul 3 & Jul 6 to Jul 10 (Mon-Fri + One Make-up day) @ 7:15pm     | <input type="checkbox"/> | \$35.00 |
| Session II ~ Jul 13 to Jul 17 & Jul 20 to Jul 24 (Mon-Fri + One Make-up day) @ 11:00am | <input type="checkbox"/> | \$35.00 |
| Session III ~ Jul 27 to Jul 31 & Aug 3 to Aug 7 (Mon-Fri + One Make-up day) @ 7:15pm   | <input type="checkbox"/> | \$35.00 |

|                               |                          |
|-------------------------------|--------------------------|
| Amount Paid _____             | Cash Amt. Received _____ |
| Date Paid _____               | Check # Received _____   |
| Completed & Received By _____ |                          |

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## Customer Receipt

Student Name \_\_\_\_\_  
Last Name PLEASE PRINT First Name

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| Completed & Received By _____ |                          |