

Private Swimming Lesson Registration

Parent's Name: _____

Student's Name: _____

Age: _____ Current Swim Level: _____

Address: _____

City/Zip: _____

Phone Number: _____

Best Time to Call: _____

Preferred Lesson Days: _____ Preferred Lesson Times: _____

SKILLS SWIMMER CAN DO:

(Check all that apply)

___ Put face in the water for 3 seconds or more

___ Jump into shallow water

___ Kick with a kickboard 5 feet

___ Swim 5 feet with support

___ Swim 5 feet without support

___ Swim on back

___ Swim under water

OTHER INFORMATION:

Has had a bad experience with swimming Yes___ No___

If yes, explain: _____

Health Concerns Yes___ No___

If yes, explain: _____

Wants to learn to swim

Yes___ No___

If no, explain: _____

TEACHER REQUEST (Must be WSI): _____

Cost for 30 minute class

1 student \$15.00

2 students \$21.00

3 students \$30.00

Cost per 30 minute lesson: \$_____

Number of lessons: x_____

Total cost: \$_____

Make check payable to the Sheboygan Falls Aquatic Center

For Office Use Only

Call Taken (Date): _____ Teacher: _____