

Swim By The C, WATERBABIES Registration Form

SPRING SESSION 1 AND SPRING SESSION 2

1 - Monday, April 5 - Thursday, April 29, 2010

2 - Monday, May 3 - Thursday, May 27

Please Print:

Waterbabies ☺ Name: _____ Age: _____ DOB: _____
Last First

Mother's Name: _____ Father's Name: _____
Last First Last First

Home: _____ Work: _____ Cell: _____

Address: *(Please include your zip code):*

Parent's Please complete by placing a check mark on the appropriate line:

- My Baby/Toddler is a bit afraid of the water: _____
- My Baby/Toddler is a (content) beginner: _____
(Has little to no pool experience, does not comfortably, independently place face in water.)
- My Baby/Toddler is Intermediate: _____
(Has some pool experience, already happily places face in water, swims a short distance.)
- My Baby/Toddler is Advanced: _____
(Has a lot of pool experience, swims comfortably underwater a few feet.)

Parents please complete:

I choose the 2 Day a week lesson schedule: _____

I choose the 3 Day a week lesson schedule: _____

I choose the 4 Day a week lesson schedule: _____

My 1st, 2nd and 3rd choice to swim: Morning _____ Afternoon _____ Evening _____

Spring Session 1 and 2: Fees for session 1 and 2 are the same.

Swim 4 Days a week: Total of 16 Classes: Mbr = \$200.00. Non-mbr = \$220.00

Swim 3 Days a Week: Total of 12 Classes: Mbr = \$150.00. Non-mbr = \$170.00

Swim 2 Days a Week: Total of 8 Classes: Mbr = \$100.00. Non-mbr = \$120.00

Annual Parent and Child Registration Fee: \$15.00 total.

Also, 2nd and 3rd child in the same family discounts - See Coach Cece.

- ▶ We are swimming session 1 only _____
- ▶ We are swimming session 2 only _____
- ▶ We are swimming both sessions 1 and 2 _____

Crossgates Personal Please Complete In Full:

Amount Paid: _____	Today's Date: _____	Check #: _____
Cash: _____		
Charge to Account #: _____	Staff Personal Please Initial: _____	

When you have finished completing the front of this form in full, please turn over, carefully read the information on the back and sign. Cece will call you one week prior to the start of the date of the session to confirm your swim time and days.

PLEASE MAKE CHECKS PAYABLE TO CROSSGATES FAMILY FITNESS