

Summer Swim 2010

SESSIONS

Welcome to the Summer Swim Program at White Rock North School! We are proud to offer classes for swimmers of all ages and abilities, in our heated, indoor facility. Instructors are certified, with many years of experience. Progress made is met with praise and encouragement!

*Infants and Tots
Children and Adults*

*Fees: \$120.00 per session,
payable to
WRNS*

*Anthony Bonner, Instructor
Robert Price, Lifeguard*

Babies and Tots/Individual Private Lessons:

(4) 15 minute classes \$120.00—by appointment only. Circle the sessions of your choice. Classes will begin after 3:30 pm. Parents must remain on campus while non-potty trained children are in the pool. **Child MUST wear a swim diaper while in the water. NO EXCEPTIONS!**

Group Lessons: (8) 45 minute classes will be held on Monday-Thursday for two weeks during the morning hours. Classes begin at 8:00 am, with the youngest students participating first. **Applicants for these classes must be potty trained.** 2 sessions are recommended for swimmers under 6 years.

**Observation will be held the last class of each session, regardless of make-up classes.

ALL CLASSES ARE OPEN TO THE PUBLIC!

PLEASE RATE YOUR CHILD'S ABILITY:

Blows Bubbles: _____
Puts Face in Water: _____
Floats on Back: _____
Swims Face Down: _____
Fearful of the Water: _____

Please initial the sessions you would like to enroll your child for. Availability is on a first come, first serve basis.

PLEASE REMIT PAYMENT PRIOR

TO START DATE OF EACH SESSION SELECTED

All sessions are \$120.00 except for the mini session.

CHOOSE ONE

____ Session 1: June 1-4—Mini Session \$60.00 Cash _____ Ck# _____ CC _____

____ Session 2: June 7-10 _____ Cash _____ Ck# _____ CC _____
June 14-17

____ Session 3: June 21-24 _____ Cash _____ Ck# _____ CC _____
June 28-July 1

____ Session 4 July 6-9 _____ Cash _____ Ck# _____ CC _____
July 12-15

____ Session 5: July 19-22 _____ Cash _____ Ck# _____ CC _____
July 26-29

____ Session 6: August 2-5 _____ Cash _____ Ck# _____ CC _____
August 9-12

THE INFORMATION BELOW MUST BE COMPLETED IN FULL

Date Submitted: _____

Child's Name: _____

Age: _____ DOB: _____

Parent's Name: _____

Parent e-mail: _____

Address: _____

City: _____ ST: _____ Zip _____

Phone: Wk: _____ Cell: _____

Home: _____ Alt. # _____

Credit Card Information & Parent Consent:

Credit Card # _____

Exp: _____ Security Code: _____

Name on Card: _____

Billing Address for Card: _____

City: _____ ST: _____ Zip: _____

Parent Signature: _____