

Summer Swim Classes 2009

Welcome

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

Learn to swim
with
Coach Bonner!

Course Offerings:

Infants & Tots

Children

Adults

Fees: \$110.00 per session, payable to WRNS.

"Water Worms" for babies & tots/Individual Private Lessons:

(4) 20-minute classes– arranged by appointment with the Swim Instructor.

Parents must remain on campus while non-potty-trained children are in the pool.

Small Group Lessons: (8) 50-minute classes/ Mon.-Thurs. for 2 weeks during the morning. Classes begin at 8:00 a.m., 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!

Adults* Kids* Tots* Infants

Sessions

Please initial the sessions you would like to enroll your child for.

Availability is on a first come, first serve basis.

PLEASE REMIT PAYMENT WITH APPLICATION

TO REGISTER.

All sessions are \$110.00 except for the mini session.

___ Session 1: June 1-4– Mini Session (\$55.00)	Paid ___
___ Session 2: June 8 –11/June 15-18	Paid ___
___ Session 3: June 22-26/June29-July 1	Paid ___
___ Session 4: July 6-9/July 13-16	Paid ___
___ Session 5: July 20-23/July 27-30	Paid ___
___ Session 6 Aug 3-6/August 10-13	Paid ___

Complete the following information

Please rate your child's swimming ability; Blows bubbles

Puts face in water/ Back floats/ Swims face down

Child's Name: _____

Age: _____ DOB: _____

Parent's Name: _____

Parent E-Mail: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone H _____ Wk/Cell _____

Parent Signature of Consent: _____

Date submitted: _____ Date Paid: _____

Paid: Check # _____ Cash _____ or

MC _____ Visa _____ Amex _____

Credit Card # _____ Exp: _____

Security code _____ Name on CC _____

Billing Address for Card _____

City _____ St _____ Zip _____

Parent Signature: _____