

# SWIM LESSON REGISTRATION FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mother Work \_\_\_\_\_ Mother Cell \_\_\_\_\_

Father Work \_\_\_\_\_ Father Cell \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Class Desired**

**Circle First Choice**

**Circle Second Choice:**

\_\_\_\_\_

Session I; Session II

Session I; Session II

\_\_\_\_\_

Session I; Session II

Session I; Session II

Mail to: Laura Childress, 104 Running Cedar Circle, Richmond, VA 23229

***Must be postmarked no earlier than May 28.***

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