

Student's Last Name: _____ First Name: _____ M F

Age as of lessons: _____ *Age indicated will be the age group your child is enrolled in* Birth date: ___ / ___ / _____

Mother Cell: _____ Father Cell: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Parent/Guardian Full Names: _____ Email Address: _____

Emergency Contact Name & Phone (Other than parents): _____

Please **initial** the weeks your child will attend (FIRST TWO WEEKS MUST BE CONSECUTIVE, additional weeks are optional).
Check AM or PM for each week or check both for FULL DAY*.

1. Week of June 13 _____ AM PM	6. Week of July 18 _____ AM PM
2. Week of June 20 _____ AM PM	7. Week of July 25 _____ AM PM
3. Week of June 27 _____ AM PM	8. Week of Aug 1 _____ AM PM
4. Week of July 4 _____ AM PM	9. Week of Aug 8 _____ AM PM
5. Week of July 11 _____ AM PM	10. Week of Aug 15 _____ AM PM

Cash or Check only. \$100 deposit is non-refundable. All balances are due by May 15, 2016. All enrollments after May 15 must be paid in full.
Friend Request (Please limit to ONE friend request per child. Both children must be registered as the same age and weeks. Not all requests are guaranteed). Friend's first and last name: _____

3 & 4 year old students: Initial here to indicate that your child is fully potty trained _____. If not, please contact our office ASAP.

MEDICAL

Pediatrician Name & Phone: _____ *Health Insurance Co. _____

Please indicate any special health problems: i.e: Asthma, Food allergies. *If any medication is required, please print out the medical action plan form on our website and mail in with registration* _____

List any special learning needs: (i.e: ADD, ODD, ASD) _____

MANDATORY- Please provide an UP-TO-DATE vaccination record or an Official Immunization Exemption Letter

OFFICE USE ONLY- DO NOT WRITE IN SPACE BELOW **\$100 DEPOSIT IS NON-REFUNDABLE

Date	Explanation	Charge	Payment	Balance

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Please use the back of this form for additional remarks

WAIVER AND RELEASE OF LIABILITY: By printing and signing this document you are verifying that you have read and agree to the terms and policies set forth by Silton Swim School.

PARENT SIGNATURE: _____ DATE: _____