

# Teeny Bobbers Swim Lesson's Application

Name of child \_\_\_\_\_

Date of birth of child \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Phone number of parent/guardian \_\_\_\_\_

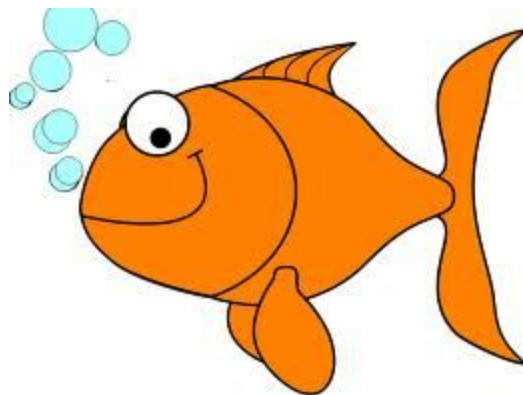
Can we text the number above with information regarding weather cancellations, etc.?

Yes or No (Please circle one)

Email address of parent/guardian \_\_\_\_\_

Is there anything that we should be aware of with your child's relationship with the water?  
(Ex: They are scared of water, they have no fear and swim at the lake, they won't put their face in the water.)

Does your child have any previous swim lesson experience? If so please list passed levels.  
(Is there anything we should be aware of when putting them in levels?)



**Please circle below** preferred time and session  
(We will do our best to accommodate you)

**Class Times**

9:30a.m.

10:15a.m.

11:00a.m.

**Schedule**

		Mon.	Tues.	Wed.	Thurs.
<b>Session 1.</b>	June	20	21	22	23
		27	28	29	30
<b>Session 2.</b>	July	11	12	13	14
		18	19	20	21
<b>Session 3.</b>	July	25	26	27	28
	Aug.	1	2	3	4
<b>Session 4.</b>	Aug.	8	9	10	11
		15	16	17	18

Parent/guardian signature \_\_\_\_\_