

Children's Care Hospital & School Red Cross Swimming Lessons

Swimmer #1: _____ DOB: _____ Age: _____ Sex: M F

Swimmer #2: _____ DOB: _____ Age: _____ Sex: M F

Swimmer #3: _____ DOB: _____ Age: _____ Sex: M F

Parent/Guardian: _____ Phone (H): _____

Address: _____ Phone: (W): _____

City: _____ State: _____ Zip: _____

Medical Conditions (Please list any known medical problems, allergies, medications.)

Describe present swim skill level: _____

LESSONS:

All sessions consist of eight or sixteen, 30-minute lessons. Sessions meet 1 time per week for 8 or 16 weeks.

Individual Group Day: _____ Time: _____

8-week session 16-week session

COST:

Individual lessons are \$10 per half hour (8 week session = \$80). Group lessons are \$8 per half hour per child (8 sessions = \$64). Group lessons for employees' children are \$7 per half hour per child (8 sessions = \$56).

PAYMENT/REFUNDS:

You will need to send your payment in full in the enclosed envelope along with this form to the Children's Care business office, 2501 W. 26th St., Sioux Falls, SD, 57105. Payment must be received at least 3 days before first the lesson or you will not be seen for your lesson. **Payment cannot be brought to Aquatic staff and it is non-refundable.** If paying with a credit card, please fill out information below or call Paula at 782-2341.

CANCELLATIONS/RESCHEDULE:

If you need to cancel your child's session, please contact Jamie Winklepleck no later than 1 hour before your lesson. You may or may not be able to reschedule your lesson.

CONTACT INFORMATION FOR JAMIE WINKLEPLECK:

Office: 605-782-2344 Pool: 605-782-2395

Signature: _____ Date: _____

PAYMENT WITH CREDIT CARD:

Visa Mastercard Credit Card Number: _____ Exp. Date: _____



CHILDREN'S CARE HOSPITAL & SCHOOL
2501 W. 26th St., Sioux Falls, SD 57105-2498 (605) 782-2300