



**CHILD SWIM LESSON INTEREST FORM**

Our goal is to provide each child with individualized attention, personalized instruction and multi-dimensional programming options that will significantly contribute to his/her fitness and wellness goals. Please fill out the following information and drop off at the Member Service Desk.

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  **Beginner**       **Intermediate**       **Advanced**

**Age:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>Swim Lesson Goals:</b> Please check all that apply.		
<input type="checkbox"/> Swim stroke development <input type="checkbox"/> Comfort with water <input type="checkbox"/> Water Safety <input type="checkbox"/> Specific training <input type="checkbox"/> Injury prevention	<input type="checkbox"/> Freestyle <input type="checkbox"/> Butterfly <input type="checkbox"/> Backstroke <input type="checkbox"/> Breast-stroke <input type="checkbox"/> Other	<b>Additional Comments:</b>

**Please list any behavioral, learning or health concerns:**

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**Please list any injuries, or joint limitations:** (Include neck, shoulders, hips, knees, low back, etc.)

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**Has your child ever you ever had swim lessons before?    Y    or    N**

To help us match you up with the most appropriate swim instructor, please circle your preferences below.

<b>1. Number of swim lessons per week:</b>	1	2	3	4	5		
<b>2. Wkly lesson days:</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>3. Please check the time(s) of the day you are available for swim lessons:</b>							
<input type="checkbox"/> Early morning (5:00 – 8:00 am)	<input type="checkbox"/> Mid-morning (8:00 – 11:00 am)	<input type="checkbox"/> Early afternoon (11am – 2 pm)					
<input type="checkbox"/> Late afternoon (2:00 – 5:00 pm)	<input type="checkbox"/> Evening (5:00 – 8:00 pm)	<input type="checkbox"/> Late evening (8:00 – 10:00 pm)					
<b>4. Please Indicate Preference:</b>	<input type="checkbox"/> Female Instructor	<input type="checkbox"/> Male Instructor	<input type="checkbox"/> No Preference				
<b>5. Specific Instructor:</b>	_____	<b>Preferred Start Date:</b>	_____				

You will receive an email notification when we have received your request and your child has been added to our wait list.