

Swimming Lessons Pre-Registration Form
Primary Guardian Information

WP Office Copy

Name: _____

Address: _____

Home Telephone: () _____

Date:

Staff
Initials:

Child Information

Name: _____

Date of Birth: _____

Gender: Male Female

Swim Level to be placed in: _____

Swimming Lessons Pre-Registration Form
Primary Guardian Information

Customer Copy

Name: _____

Address: _____

Home Telephone: () _____

Child Information

Name: _____

Date of Birth: _____

Gender: Male Female

Swim Level to be placed in: _____

Assessment valid
for Summer 2014
Swim Lessons
only.

Reg. Dates:
June 9-City Res
June 10-Non Res

540-434-0571 to
register via phone

Not a guarantee of
class availability.

Be advised that
preschool classes
fill quickly.