South Haven High School

‘Community Time’

600 Elkenburg Street, South Haven, MI 49090

**2020 Summer Swim Lessons**

Email: pool@shps.org

Child 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (next yr)

Child 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (next yr)

Child 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (next yr)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Parent & Child Aquatics Level 1 & 2(6mon-3yr) $50 **12:45-1:15pm; *\*4-4:45pm***

[ ] Preschool Aquatics Level 1, 2 & 3(4 & 5 yr) $50 **12:45-1:15pm; *\*4-4:45pm***

[ ] Learn-to-Swim Level 1(6 yr) $50 **1:30-2:00pm; *\*5:00-6:00pm***

[ ] Learn-to-Swim Level 2 & 3 $55 **2:15-3:00pm; *\*6:15-7:15pm***

[ ] Learn-to-Swim Level 4 & 5 $55 **2:15-3:00pm; *\*6:15-7:15pm***

***Please circle which session your child will be attending:***

***1 Week Session:*** *Monday - Friday*

***\*Summer Session 1: June 8 –12\****

*\*Evening times above\**

**2 Week Session:** Monday, Tuesday, Wednesday, Thursday

Summer Session 2: June 15 – June 25

I, the undersigned, give my permission for the above named to participate in the Swim Lesson Program. The participant will be automatically enrolled upon payment and I understand that I will not be contacted unless there is a conflict. Full refunds will be given if I contact the South Haven High School Community Pool before the program begins. *No refunds or credit given for missed classes.*

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Cash [ ] Check # \_\_\_\_\_\_\_\_ payable to SHPS