

1 Non-Refundable Yearly Registration Fee Required

Please Enclose:

- \$15 (one child), or
- \$25 (two or more children)

2 I have read and I understand the billing policy and the missed lesson policy.

Parent/Guardian Signature

Parent/Gaurdian Name(s)

3 Your contact information

Street Address

City Zip

Phone cell work home

Phone cell work home

Email

Aqua Wave Swim School

27025 Burbank Road
Foothill Ranch, CA 92610
phone 949-455-2535
fax 949-595-4668



4 Your Availability:
Please list time blocks you have available for lessons each day.
Example: 9-12:30 & 5:45-8:00

M _____

Tu _____

W _____

Th _____

Fr _____

Sa _____

5 Please see **guide below** for approximate swim level when filling out info below.

Child's Name Swim Level (see below)

Date of Birth
Class Type: Semi-Private Private
 Parent & Me Stroke

Frequency: 1x a week 2x a week

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6 Please indicate the best way to reach you if we need to cancel your lesson due to emergency pool closure.

- cell work home email

7 Fill out any areas below that are relevant to your family. You may leave this blank if you wish.

Please identify any special needs your child(ren) may have

Are there any special arrangements you may want for your child(ren)?

Is there an instructor gender preference? male only female only
Which child? _____ prefer male prefer female

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Is there a particular instructor you are requesting?
For which child? _____ must have if possible

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Approximate Swimming Levels
(to assist you in filling out section 5)

- 1a. Cautious Beginner
- 1b. Eager Beginner
2. Willing to open eyes under water
4. Can float alone (no floaties)
5. Can swim 3-5 feet without help
6. Can swim taking a breath (w/o touching the pool bottom)
7. Can swim across the pool breathing independently 5 times
9. Can swim freestyle (big arms) with side breathing
11. Can swim all 4 strokes

8 Desired start date:

We will do our best to honor a request for a particular instructor, but please understand that such a request can extend your wait time.