Dyersville Family Aquatic Center
2010 GROUP Swimming Lessons

Parents Name (last):_____(first):_____
Please Print

Address:_____City, State, Zip:_____

Phone Day:_____Phone Night:_____

E-mail Address: _____

$15.00 Late Fee Enforced on May 7th

Registration must be in person at City Hall on May 4, 5 & 6.

Sessions and Time assignments are on a first come, first serve basis.

$30 RESIDENT **$40 NON-RESIDENT**

A resident is defined as a person/family that has a residential street address or is a property owner in the City of Dyersville

SWIMMING LESSON FEES ARE NON-REFUNDABLE

PARENT - TOT LESSONS: $10 Resident $20 Non-Resident

Group lessons are held for 8 days; the Thursday & Friday of the 2nd week are reserved for make up days if needed.

Kid Project : Session 1 or 3 at the **10:00 am** time slot
Preschool: Child must be 4 years old by June 1, 2010

Group Sessions: **Session 1** (June 14 – June 23) **Session 2** (June 28 to July 7) **Session 3** (July 12 to July 21)

Parent – Tot: **Session 4** (July 5-9: 5:00-5:30pm 3 yrs. old) or (5:30-6pm 2 and under)

Lesson times: **A** (9:00 – 9:50 am) **B** (10:00 – 10:50 am) **C** (11:00 – 11:50 am)

Level 6 & Lifeguard Readiness: **Session 5** (July 26-30 - 10:30 - noon)

Childs Name (first & last name)	Session (1,2,3,4,5)	Time (A, B, C)	Class Level	Birth Date	Age (as of June 1st)	Fee
						$
						$
						$
						$
						$

~ See Park & Rec Brochure for Class Level - if unsure leave blank, all past swim students are on file to ensure proper placement. ~

Car Pooling: **If car-pooling is being planned, all students in the car pool MUST register at the same time. NO EXCEPTIONS**

I hereby agree to permit my child to participate in the Learn to Swim Program & understand that the City of Dyersville Family Aquatic Center & its employees will not be held responsible for any accidents.

Signature of Parent or Legal Guardian:_____ Date:____ / ____ / '10

City of Dyersville

• Please make checks payable to City of Dyersville •

OFFICE USE ONLY

Date: _____ /_____ / '10 Amount: $_____ Cash / Check #: _____ Staff Initial: _____