

Family Last Name: \_\_\_\_\_

# "Jacksonville Parks and Recreation" : Learn to Swim Program 2017 Tuesday / Thursday

Cost : \$40 per session (8 – 30 minute classes except for session 3 and 11)  
each additional family member in household \$32 per session

**NO REFUNDS!!! "NO MAKE UPS"**

<u>Circle Time &amp; Session</u>	<u>3yrs. &amp; Older</u>	<u>Fitness</u>	<u>Adult</u>	<u>Parent / Child</u>
Session 1 : (Jan 3 – 26)	4:00 / 4:45 / 6:30	6:15	7:00	N / A
Session 2 : (Jan 31 – Feb 23)	4:00 / 4:45 / 6:30	6:15	7:00	N / A
Session 3 : *(Feb 28 – Mar 16)*	4:00 / 4:45 / 6:30	6:15	7:00	N / A
* * * * * Session 3 is 6 - 45 minute classes * * * * *				
Session 4 : (Mar 28 – Apr 20)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 5 : (Apr 25 – May 18)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 6 : (Jun 6 – 29)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 7 : (July 11 – Aug 3)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 9 : (Sept 5 – 28)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 10 : (Oct 3 – 26)	4:00 / 4:45 / 6:30	6:15	7:00	N / A
Session 11 : *(Oct 31 – Nov 16)*	4:00 / 4:45 / 6:30	6:15	7:00	N / A
* * * * * Session 11 is 6 - 45 minute classes * * * * *				

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the participant attended swim lessons before? Yes or No  
 Any helpful information to enhance participant's swimming experience?

Family Last Name: \_\_\_\_\_

# "Jacksonville Parks and Recreation" : Learn to Swim Program 2017

## Monday / Wednesday

Cost : \$40 per session  
 each additional family member in household \$32 per session  
**NO REFUNDS!!! "NO MAKE UPS"**

### ➤ Circle Time and Session

Non-beginners  
3 yrs & older Levels 1 -3

Stroke, Turn, & Dive Development  
Levels 4 and up

Session 1 : *(Jan 4 – 25)*	4:00 - 4:45	(No Class Jan 2 or Jan 16)	4:30 - 5:30
Session 2 : (Jan 30 – Feb 22)	4:00 - 4:30	(No Class Feb 14)	4:30 - 5:15
Session 3 : *(Feb 27 – Mar 15)*	4:00 - 4:45		4:30 - 5:30
Session 4 : (Mar 27 – Apr 19)	4:00 - 4:30		4:30 - 5:15
Session 9 : (Sept 6 – 27)	4:00 - 4:35	(No class Sept 4)	4:30 – 5:20
Session 10 : (Oct 2 – 25)	4:00 - 4:30		4:30 – 5:15
Session 11 : *(Oct 30 – Nov 15)*	4:00 – 4:45		4:30 – 5:30

Be Aware classes with a \* have extended times due to having less than 8 classes in a session

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the participant attended swim lessons before? Yes or No  
 Any helpful information to enhance participant's swimming experience?