

- New
- Renew

How did you hear about us? _____

Children's Swim Lessons

Swim-In Zone Inc.
4355 Saucon Creek Rd Center Valley, PA 18034
Phone (610) 625-4848 www.swim-inzone.com

Date ____/____/____

Family Name _____ Parents' First Name _____

Full Address _____
Number Street City State Zip Code

Phone _____
Home Cell Work

Email _____ Emergency Contact _____

How do you prefer to be contacted? **Circle:** Home Cell Email

NON-REFUNDABLE REG FEE _____

I understand that withdrawal may be subject to a \$40 withdrawal fee per student. _____ Please Initial

1) _____

Name	Age	Grade	DOB	Gender
Check One	<input type="checkbox"/> Group COLOR/LEVEL	30 Min 45 min	<input type="checkbox"/> Parent Child Intro Inter Adv 2Little First Timers SNAP	
	<input type="checkbox"/> Semiprivate—Group Makeups		<input type="checkbox"/> Swim Team Off to the Races DD	
	<input type="checkbox"/> Private—no makeups <input type="checkbox"/> Private-Group Make-ups			

1st Choice of Day and Time Range _____

2nd Choice of Day and Time Range _____

Lesson Fee _____

2) _____

Name	Age	Grade	DOB	Gender
Check One	<input type="checkbox"/> Group COLOR/LEVEL	30 min 45 min	<input type="checkbox"/> Parent Child Intro Inter Adv 2Little First Timers SNAP	
	<input type="checkbox"/> Semiprivate—Group Makeups		<input type="checkbox"/> Swim Team Off to the Races DD	
	<input type="checkbox"/> Private— No make-ups <input type="checkbox"/> Private-Group Make-ups			

1st Choice of Day and Time Range _____

2nd Choice of Day and Time Range _____

Lesson Fee _____

Half Payment Option: I have paid for 1/2 of the balance due and understand that I am obligated to pay the 2nd half on the stated date that "2nd half payment is due". I owe this amount irrespective of the number of classes or make-ups attended prior to or subsequent to that date and that there is a \$5.00 service charge for this option. Signed _____

TOTAL _____

+ 1/2 Payment \$5.00

Office Use Only		
____ Summer	____ Wavier Signed	____ Add Students into Class
____ Fall	____ Payment into Register	
____ Winter	____ Payment into Computer	____ Level Sheets
____ Spring	____ Enter Family in Computer	____ File on Sue's Desk
____ School Year	____ Read Half Payment Option and Withdrawal Information	

Today's

PAYMENT _____

BALANCE DUE _____

STAFF _____

Payment must accompany registration in order for classes to be scheduled

Make Check payable to Swim-In Zone Inc.

Credit cards accepted are Mastercard/Visa/Discover _____

exp _____

Do NOT FAX Credit Card Information
Please call at 610-625-4848