FOR Swimming Group Swim Lessons

Registration Form

Parent’s Name:

Parent’s Email: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address:

Child’s Name: Date of birth: Gender:

School: Grade (rising):

Child’s Name: Date of birth: Gender:

School: Grade (rising):

Child’s Name: Date of birth: Gender:

School: Grade (rising):

Which session(s) would you like to enroll your child(ren)? (*please circle or highlight one)*

Session 1 Session 2 Session 3 Session 4

*Through the generosity of Carilion Stonewall Jackson Hospital and the SJH Community Health Foundation we are able to provide the following scholarships. Please check or highlight the one that applies to you.*

* *My child is a Buena Vista community member and is eligible to receive free lessons. A $40 donation to help support the Buena Vista Water Safety Program is encouraged.*
* *My child is a Buena Vista community member and currently receives a free or reduced lunch therefore I am eligible for a full scholarship.*
* *My child is not a Buena Vista community member. Lesson cost is $60.*

Please submit this document to our lesson coordinator, Caroline Brassfield, at [cbrassfield16@gmail.com](mailto:cbrassfield16@gmail.com)