

Smilefish Swim School

www.smilefishswimschool.com

smilefish@comcast.net

FAMILY REGISTRATION FORM

Mom / Dad name _____ Mom / Dad name _____
Primary Contact

Cell phone (_____) _____ Cell phone (_____) _____

Street Address _____ City _____, CO Zip _____

Home Phone (_____) _____ Primary E-mail _____

Emergency contact _____ Relation _____ Phone (_____) _____

Is it okay to text notifications (class canceled, etc)? Yes No

How did you hear about us?

If you are completing this prior to finding a class what are your day & time preferences?

1st Choice Tue PM Wed AM Wed PM Thur PM

2nd Choice Tue PM Wed AM Wed PM Thur PM

Did someone recommend us to you? If so, whom?

1st child's full name _____ Nickname _____ Birth date ____/____/____

Approximate swimming level _____ Sex: M F Previous classes? Yes No Where? _____

Allergies/medications/medical conditions _____

Anything else you believe we should know? _____

2nd child's full name _____ Nickname _____ Birth date ____/____/____

Approximate swimming level _____ Sex: M F Previous classes? Yes No Where? _____

Allergies/medications/medical conditions _____

Anything else you believe we should know? _____

3rd child's full name _____ Nickname _____ Birth date ____/____/____

Approximate swimming level _____ Sex: M F Previous classes? Yes No Where? _____

Allergies/medications/medical conditions _____

Anything else you believe we should know? _____

4th child's full name _____ Nickname _____ Birth date ____/____/____

Approximate swimming level _____ Sex: M F Previous classes? Yes No Where? _____

Allergies/medications/medical conditions _____

Anything else you believe we should know? _____

Special requests _____