

Smilefish Swim School

www.smilefishswimschool.com

720-530-SWIM (7946)

FAMILY REGISTRATION FORM

Mother's full name _____ Father's full name _____

Mother's cell phone (_____) _____ Father's cell phone (_____) _____

Street Address _____ City _____, CO Zip _____

Home Phone (_____) _____ 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 Mon Tue Wed Thu Sat ___ Morning ___ Afternoon ___ Evening

2nd Choice Mon Tue Wed Thu Sat ___ Morning ___ Afternoon ___ Evening

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

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? _____

Special requests _____

Office use only: ___ Registration Form ___ Tuition Agreement ___ Waiver/Release ___ Credit Card Info

Date received ___/___/___

Assigned day _____ Assigned time ____:____ Start date ___/___/___ Finish date ___/___/___

Notes _____