

Westfield Child Center

Swimming Lesson Registration Form

| | Session Information |
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| | |
| Participant's Name: | |
| Parent/Guardian's Name (<i>If Applicable</i>): | |
| Name of Class Session: | |
| Day & Time of Lesson: | |
| | Contact Information |
| *If this participant has | een enrolled in WCC swimming within the last 3 months, you may skip this section.* |
| Participant's DOB: | Primary Phone: |
| Home Address: | Alternate Phone: |
| City, State, Zip: | Email Address: |
| | Swimming Waiver |
| By initialing to the left, I acknowledge that a swimming waiver must be completed each calendar year to participate in lessons. I have also submitted a complete and signed Swimming Waiver for this year. | |
| | Important Acknowledgement |
| A member of our aquatics tea information is correct. | m will contact you to confirm class days and time. Please make sure contact |
| Child Center cancels the cl makeup class at a later date. times, including during the le swim diapers and all children | me of registration. There is no makeup for missed classes unless Westfield iss. If Westfield Child Center must cancel a class, the aquatics team will schedule a Parents/Guardians of public students are required to stay with their children at all son and while using the bathrooms. Children who are not toilet trained must wear must wear swim suits (no street clothes or basketball shorts will be allowed in the ed to follow the Board of Health Rules. A copy is available in the front office. |
| | e, you must contact our aquatics team to enroll in the next session. Please note, the change the following session. |
| I have read and understand t | e above policies. |
| Signature: | Date: |