



**AT HOME AQUATICS
STUDENT & PARENT REGISTRATION FORM**

*GUARDIANS' NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

CELL:

E-MAIL ADDRESS:

*CHILDS' NAME:

AGE:

DOB:

SWIM SKILL DESCRIPTION/LEVEL:

LESSON TYPE:

RATE:

OF LESSONS:

AMOUNT DUE \$:

*2nd CHILDS' NAME:

AGE:

DOB:

SWIM SKILL DESCRIPTION/LEVEL:

LESSON TYPE:

RATE:

OF LESSONS:

AMOUNT DUE \$:

*3rd CHILDS' NAME:

AGE:

DOB:

SWIM SKILL DESCRIPTION/LEVEL:

LESSON TYPE:

RATE:

OF LESSONS:

AMOUNT DUE \$

*LESSON TIME AVAILABILITY (Please let us know what days and times throughout the week are available for your lessons. To save on gas and travel time for our instructors, we try and schedule lessons that are in close proximity to each other around the same times. However, we will accommodate to any time you provide within our control. Please let us know if you have flexibility in your scheduling.):

*Please submit this form to our email address at athomeaquatics@hotmail.com

*FOR AT HOME AQUATICS PERSONNEL ONLY:

SCHEDULED DAYS:

TIMES:

OF LESSONS:

LEVEL:

CLASS TYPE:

RATE:

INSTRUCTOR:

TOTAL PAYMENT DUE:

DATE RECEIVED: