

# Preschool Group Lessons

(Make check payable to *CITY OF TRAEER*, please put your child's name in the memo line of your check)

The child named below has permission to take Swimming and Water Safety Instruction at the City of Traer Swimming Pool.

**Please complete ONE FORM per CHILD**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME/CELL PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

AGE GROUP (circle one):      2-3      4-5

OTHER FAMILY MEMBERS TAKING LESSONS:

\_\_\_\_\_

DOES THIS CHILD HAVE ANY DISABILITIES OR ANYTHING ELSE THAT WILL NEED SPECIAL ATTENTION OR CONSIDERATION?

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone# to contact if lessons are postponed and/or cancelled: \_\_\_\_\_