

Little Swimmers JRC Program

Forms are due to school or Town office by June 23rd.

Parent Name _____

Address _____

Phone Number _____

Cell Number _____

Email Address _____

Child Name _____

Age _____

Days that work best for you:

_____ Mon/Wed 9:00am-9:25am July 5-July 30

_____ Mon/Wed 12:15 noon-12:45 July 5-July 30

_____ Tues/Thurs 9:00am-9:25 July 6-July 29

_____ Tues/Thurs 12:15 noon-12:45 July 6-July 29

It would be best to commit to all the classes since they are sequential for learning to swim. Parents must also provide transportation to and from lessons.

Please return to school office or mail to Kris McDermott
14 Willard Street Greene, New York 13778

Child's Name _____ Age _____ (Must be 3-5)

Help us place your child in the appropriate class.

_____ my child has not been exposed to swimming before

_____ my child has been exposed to swimming, but is not comfortable in the water.

_____ My child has been exposed to swimming, is comfortable in the water, but does not know how to swim.

_____ My child has been exposed to swimming and has taken swimming lessons.

Swim Lessons focus on:

Personal safety: Students build self-esteem while learning new skills and the consequences of their choices in relation to the water.

Stroke development: Students are taught stroke techniques, treading, floating, and jumping safely in the water

Water games: Games are used to enhance the learning process, including retrieving objects on top of and under the water.

I give my permission for my child to receive lessons from JRC

Parent Signature _____ Date _____