



# Private Swim Lesson Request Form

Name of Student *(first, last)* \_\_\_\_\_ Age of Student \_\_\_\_\_

Date of Registration \_\_\_\_\_

Parent Name *(first, last)* \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Best way to contact you  Phone  Email

Best Time to Reach You \_\_\_\_\_

Has student taken swim lessons at our facility before?  Y  N

Previous instructor? \_\_\_\_\_

Preferred Instructor\* \_\_\_\_\_

*\*Cannot guarantee specific instructor*

## Please select preferred day/time(s)

MON	TUES	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P
<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P
<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P

**Swimming Ability:** Please describe students' swimming strengths and weaknesses. *(For past swim lesson participants, include the level at which they were when they ended lessons)*

\_\_\_\_\_  
\_\_\_\_\_

**Lesson Goals:** Include any goals you wish to work toward. \_\_\_\_\_

\_\_\_\_\_

**Special Considerations:** Is there anything about the student that would be important for the instructor to know?

\_\_\_\_\_  
\_\_\_\_\_

## FOR INTERNAL USE ONLY:

Give to Manager with a copy of receipt when someone signs up for scheduled Private Lessons.

How many private lessons signed up for: \_\_\_\_\_

Date given to Manager \_\_\_\_\_

Date given to Coordinator \_\_\_\_\_