

Admission Date: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_

THE CHILDREN'S SPOT  
1222 E. Debbie Lane  
Mansfield, Texas 76063  
817-473-0441  
Owner: Ashley Shuffield  
Director: Cheryl Butimore

Hours Enrolled: \_\_\_\_\_  
Days Enrolled: \_\_\_\_\_

## ENROLLMENT FORM

**CHILD'S FULL NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Who does your child reside with?** \_\_\_\_\_ **Mother & Father,** \_\_\_\_\_ **Mother,** \_\_\_\_\_ **Father,**  
\_\_\_\_\_ **Mother & Stepfather,** \_\_\_\_\_ **Father & Stepmother,** \_\_\_\_\_ **Grandparents,** \_\_\_\_\_ **Other:** Please explain.

**PARENT'S / GUARDIAN'S NAMES:** \_\_\_\_\_  
**Address (if different from children):** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**MOM: CELL #/CARRIER:** \_\_\_\_\_ **WORK#:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**MOM LAST 4 SS #:** \_\_\_\_\_ **MAKE/MODEL OF CAR;** \_\_\_\_\_ **LICENSE PLATE:** \_\_\_\_\_

**DAD CELL #/CARRIER:** \_\_\_\_\_ **WORK#:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**DAD LAST 4 SS #:** \_\_\_\_\_ **MAKE/MODEL OF CAR;** \_\_\_\_\_ **LICENSE PLATE:** \_\_\_\_\_

**ARE THERE ANY CUSTODY RESTRICTIONS? Yes** \_\_\_ **No** \_\_\_ (If Yes, please explain.) -----

**ARE CUSTODY DOCUMENTS ON FILE WITH THE CENTER? Yes** \_\_\_ **No** \_\_\_ **n/a** \_\_\_\_\_

**NAME, ADDRESS, PHONE NUMBER, DL # & RELATIONSHIP TO THE CHILD, FOR THE PERSON TO CALL IN CASE OF EMERGENCY, IF PARENTS CANNOT BE REACHED:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Driver's License number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

I hereby authorize the Children's Spot to allow my child to leave the center **ONLY** with the following persons.  
**(Please list the NAMES, PHONE NUMBER & DL NUMBER for each.)**

**\*\*Children will only be released to a parent or a person designated by the parent/guardian or person designated by the parent/guardian after verification of ID. Names must be added by the parent/guardian in person.**

**(ADDITIONS OR CHANGES CAN BE MADE VIA EMAIL [info@childreansspot.net](mailto:info@childreansspot.net) OR IN PERSON)**

**MOM:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **DL#** \_\_\_\_\_

**DAD:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **DL#** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

**In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:**

**Name of Physician:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Name of Emergency Medical Care Facility:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Insurance Information: Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_  
**Policy Holders Name:** \_\_\_\_\_

**I give my consent for the facility to secure any and all necessary emergency medical care for my child.**

**(Parent/Guardian signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL RELEASE:**

The undersigned gives permission for AHA Educators dba The Children's Spot owners, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent/guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

**(Parent/Guardian signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

**TRANSPORTATION:** (Please circle all that apply)

I hereby *GIVE* \_\_\_ *DO NOT GIVE* \_\_\_ consent for my child to be transported and supervised by the operation's employees for *emergency care* \_\_\_ *on field trips* \_\_\_ *to and from school* \_\_\_ (*initial all that apply*)

**(Parent/Guardian signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I understand that The Children's Spot has elected to be a fully vaccinated facility and that I am to provide proof of my child's vaccination record upon enrollment and when-ever it is updated with annual vaccinations.**

**(Parent/Guardian signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIPS:** (Please circle all that apply)

I hereby *give / do not give* my consent for my child to participate in Field Trips.

Parent comments: \_\_\_\_\_

**(Parent/Guardian signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ASSUMPTION OF RISK:**

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said limited liability company, knowing their present condition and knowing that said condition might become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises above. The limited liability company may, but shall not be obliged to carry insurance on the participant(s) and the existence of insurance shall not change, alter, or increase the liability of the LLC to the participant(s) and the undersigned or affect the terms of this Release. In signing the Release, the undersigned acknowledges:

- A. That they have read thoroughly, understands completely the terms of Registration and Release, and signs it voluntarily.
- B. That the undersigned signing either for themselves, or as Legal Guardians, is, in fact, the true and legal guardian and has the consent of the participant(s).

*(Parent/Guardian signature)* \_\_\_\_\_ *Date:* \_\_\_\_\_

**PHOTO RELEASE:**

This Photo Release Waiver is made by and between \_\_\_\_\_ being the legal parent/guardian of \_\_\_\_\_ and AHA Educators, Inc. dba The Children’s Spot) located at 1222 E. Debbie Lane, Mansfield, TX 76063.

**Please initial all that apply:**

\_\_\_\_\_ You voluntarily give AHA Educators dba: The Children’s Spot consent and authorize the use of all photos, videos, etc. with your child’s image. They are the property of The Children’s Spot. You release all liability from officers, employees and corporate capacities from any and all claims. You have read and fully understand the provisions of this Photo Release Form and freely, knowingly and voluntarily enter into this Agreement.

\_\_\_\_\_ You want your child’s photo/videos be sent to you via **BRIGHTWHEEL ONLY**

*(Parent/Guardian signature)* \_\_\_\_\_ *Date:* \_\_\_\_\_

**WATER ACTIVITIES:** (Please circle all that apply)

I hereby *give / do not give* my consent for my child to participate in Water Activities such as: *sprinkler play / splashing wading pools / water table play/ swimming pool (School Age Only).*

*My child is able to swim* \_\_\_\_\_ */my child is at risk of injury or death when swimming or otherwise accessing a body of water* \_\_\_\_\_

*(Parent/Guardian signature)* \_\_\_\_\_ *Date:* \_\_\_\_\_

**I ACKNOWLEDGE THAT I HAVE REVIEWED THE CENTER’S OPERATIONAL POLICIES at [www.childrensspot.net](http://www.childrensspot.net) (forms). (Please initial next to each topic to confirm that you have been made aware.)**

**Parent Policies: including Return of tuition fees, Late fees, Failure to notify center of no school Pick-up fee, (CCMS does not cover any of these fees. They are your responsibility and due in full on the date they are billed.)**

- |                                                                                                                            |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Supply fees, annual registration fees.                                                            | <input type="checkbox"/> Meals & food service practices                   |
| <input type="checkbox"/> Parent Dress Code                                                                                 | <input type="checkbox"/> Procedures for Drop-off & Pick-up                |
| <input type="checkbox"/> Discipline & guidance                                                                             | <input type="checkbox"/> Three strike policy (suspension & expulsion)     |
| <input type="checkbox"/> No Cell Phone usage on campus                                                                     | <input type="checkbox"/> Immunization requirements                        |
| <input type="checkbox"/> Illness & exclusion criteria                                                                      | <input type="checkbox"/> 30 minute pick-up window for illness or behavior |
| <input type="checkbox"/> Emergency plans                                                                                   | <input type="checkbox"/> Procedures for conducting health checks          |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director                                      |                                                                           |
| <input type="checkbox"/> Promotion of indoor & outdoor physical activity including criteria for extreme weather conditions |                                                                           |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                     |                                                                           |
| <input type="checkbox"/> Procedures for release of children                                                                | <input type="checkbox"/> Official With-drawl                              |
| <input type="checkbox"/> Procedures for dispensing medications                                                             | <input type="checkbox"/> Unexpected Closures                              |
| <input type="checkbox"/> Procedures to visit the center without securing prior approval                                    |                                                                           |
| <input type="checkbox"/> Procedures for supporting inclusive services                                                      |                                                                           |
| <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline & CCL     |                                                                           |

*(Parent/Guardian signature)* \_\_\_\_\_ *Date:* \_\_\_\_\_

I understand that my child must be in care by 9am (unless I have provided a doctor's note) to attend the morning session of care. If not in attendance by 9am my child can be dropped off at 2:30pm after nap for the afternoon session of care.

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: (please circle all that apply)

breakfast / am snack / lunch / pm snack

Does your child have diagnosed food allergies? Yes \_\_\_ No \_\_\_

F.A.R.E Act/Food Allergy Emergency Plan Submitted? Date \_\_\_\_\_

Provided Dr.'s note explaining why your child cannot participate in USDA Food Program Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information line at (800)514-0383 (voice or (800) 514-0383 (TTY)

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

Child's Special Care Needs: (check all that apply)

- Environmental allergies
- Food Allergies/Intolerances
- Existing Illness
- Previous serious illness
- Injuries and hospitalizations (past 12 months)
- Medications prescribed for continuous long-term care
- Other (\*\*If there is a special diet needed for your child, we will need a doctor's note outlining details.)
- Limitations or restrictions on child's activities
- Reasonable accommodations or modifications
- Adaptive equipment (include instructions below)
- Symptoms or indications of complications

Explain any needs selected above:

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**School-Age Children**

My child attends the following school:

Name of School: \_\_\_\_\_ Phone # of school \_\_\_\_\_

My child has permission to (check all that apply)

- Walk to or from school to home  ride the bus
- be released to the care of his/her sibling under 18 years old
- If my child does not meet the Texas Seat Belt Guidelines, I will provide a booster seat to stay on the bus throughout the school year, labeled with my child's name and the name of his/her school.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Gang Free Zone:**

**Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.**

*(Parent/Guardian signature)* \_\_\_\_\_ *Date:* \_\_\_\_\_

HHSC (Department of Human Services) values your privacy. For more information, read our privacy policy on line at: <https://hhs.texas.gov/policies-practices-privacy#security>.

**MORE ABOUT YOUR CHILD:**

**Sibling Names:**

\_\_\_\_\_

**Pets:** \_\_\_\_\_

**Has your child had previous experience in out-of-home daycare?** \_\_\_\_\_ *Full-time/Part-time*

If so, was the experience successful? \_\_\_\_\_ If there were difficulties, please describe: \_\_\_\_\_

\_\_\_\_\_

**Does your child understand what is said to him/her?** \_\_\_\_\_ **Is his/her speech clear?** \_\_\_\_\_

**Is your child toilet trained?** YES \_\_\_ NO \_\_\_ Where are they in the process? (Describe the steps you have taken at home.)

\_\_\_\_\_

\_\_\_\_\_

**Does your child accept correction easily?** \_\_\_\_\_ What type of discipline and/or positive reinforcement is used in the home? \_\_\_\_\_

\_\_\_\_\_

**Please take some time and tell us about your child's personality, likes/dislikes, etc.** The more you are able to share with us, the easier it will be for us to help your child adjust to his/her new surroundings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child have any emotional fears?** \_\_\_\_\_ If so, what and how do you deal with them at home?

\_\_\_\_\_

**Has your child exhibited a dominant hand preference (circle the one that apply) LEFT / RIGHT / BOTH.**

**SPECIAL NEEDS:**

List any special needs/problems that our child may have such as, allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of the Title III, you may call the ADA Information line at (800) 514-0301 (voice) or (800) 514-0383 TTY).

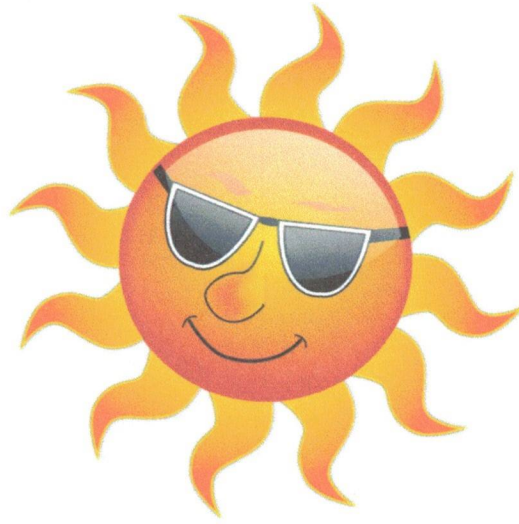
(Parent/Guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY RELEASE:**

In consideration of allowing the previously declared participant(s) to begin participation in The Children's Spot Childcare activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless AHA Educators LLC dba The Children's Spot, it's owners, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned while in or upon the premises upon which The Children's Spot Childcare is conducted, or any premises under the control and supervision of AHA Educators LLC, it's owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place where activities sponsored by or participation in by AHA Educators dba The Children's Spot Childcare, it's owners, officers, agents or employees

(Parent/Guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*A copy of this form will be carried with a Children's Spot staff member when transporting your child.**



## The Children's Spot 2024 Summer Enrollment

**(Space is limited. Please complete one form for each child and return to Ms. Cheryl on or before Wednesday, April 24<sup>st</sup>, 2024.)**

My child \_\_\_\_\_ **Will/Will not (circle 1)** attend The Children's Spot for 2024 summer session.

If will not, my child's last day of attendance will be: \_\_\_\_\_.

Will your child return for 2024/2025 school year? \_\_\_\_\_

(To reserve your child's place in our 2024/2025 school year you will need to pre-pay the fall enrollment fee on their last day prior to summer session. (CCMS if you pull for summer, you will go back on the wait list for 2024/2025 school year and can apply for enrollment August 1<sup>st</sup>.)

If your child will be attending this summer please complete and return the attached summer enrollment documents.

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# THE CHILDREN'S SPOT 2024 SWIMMING/WATER PLAY PERMISSION SLIP

As a parent, I understand the nature of swimming and that my child is in good health and in proper physical condition to participate. I understand the possible risks while swimming including physical problems associated with pool chemicals, slippage in and around the pool due to concrete areas and hard surfaces, and drowning.

In case of emergency, I authorize The Children's Spot staff to administer first aid to my child and/or call 911 for emergency care.

**WARNINGS OF ILLNESS:** Please inform us if your child has had an ear infection or an upset stomach, especially if symptoms of diarrhea have been present in your child in the two days prior to our swim date. We will need to have your child completely healthy or we will provide an alternate activity for your child. **ALL children must be FULLY potty-trained in order to swim.**

**WATER ACTIVITIES:** (Please circle all that apply)

I hereby give / do not give my consent for my child to participate in Water Activities such as: **sprinkler play / splashing wading pools / water table play/ swimming pool (Kinder-Prep and School Age Only).**

My child is able to swim \_\_\_\_\_

My child is at risk of injury or death when swimming or otherwise accessing a body of water \_\_\_\_\_

## **POOL RULES:**

- 1) Lifeguard will test each child to see if they are allowed in the 5 ft. section of the pool.
- 2) No diving activities are allowed.
- 3) No horseplay while in pool.
- 4) A child who does not obey the lifeguard/teachers will lose their next swim time and be extracted from the pool.
- 5) Parents will provide U.S. Coastguard approved life jackets (**NO FLOATING DEVICES ALLOWED**) for children who do not know how to swim. It will be the Lifeguard's decision if the child can remove their lifejacket throughout the summer.
- 6) Long hair must be in a braid or covered by a swim cap.
- 7) Only Swim Suits in the pool (No shorts, tanks, etc.) If your child needs to wear a shirt in the pool it must be a Swim Shirt.
- 8) Children must bring a towel and water shoes or shower safe shoes to wear while around the pool.
- 9) Goggles are acceptable, covered face masks are not.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INCIDENT OR COERCION BY ANYONE. I HAVE READ AND UNDERSTAND ALL INFORMATION PROVIDED TO ME AND HEREBY AGREE TO THE LISTED TERMS, CONDITIONS AND POLICIES.**

NAME OF CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF LEGAL PARENT OR GUARDIAN: \_\_\_\_\_

SIGNATURE OF LEGAL PARENT OR GUARDIAN: \_\_\_\_\_





# PARENT PROVIDED SUNSCREEN & INSECT REPELLENT

NAME OF STUDENT: \_\_\_\_\_



NAME OF SUNSCREEN: \_\_\_\_\_

- Sunscreen must be in **LOTION** format only.
- **I understand that I am responsible for the first application** of sun screen to be applied before my child enters The Children's Spot.
- **The Children's Spot is responsible for the second application** of sunscreen LOTION which will be applied if deemed necessary for outside activities (splash, swim.)
- The sun screen **LOTION** is to be delivered to the teacher.
- The sun screen **LOTION must** be labeled with your child's name.
- **NO AEROSOL SUNSCREEN ALLOWED.**

\_\_\_\_\_ (student's name) has my permission to have sunscreen if deemed necessary, for water or pm activities with \_\_\_\_\_ (name of sun screen) which I have supplied to The Children's Spot.

\_\_\_\_\_ : **I opt to use the generic sunscreen provided by the center which will only be applied prior to AM swim/splash or afternoon outside activities.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



NAME OF REPELLANT: \_\_\_\_\_

- Insect Repellant must be in **Wipe format ONLY.**
- **I understand that I am responsible for the first application** of Insect repellent to be applied before my child enters The Children's Spot.
- **The Children's Spot is responsible for the second application** which will be applied at 2:30PM if deemed necessary.
- The repellent wipes are to be delivered to his/her teacher.
- The repellent wipes **must** be labeled with your child's name.
- The repellent must be **WIPES ONLY, NO AEROSOL OR LOTION REPELLANTS** allowed in the center.

\_\_\_\_\_ (student's name) has my permission to RE-APPLY their INSECT REPELLANT wipe at 2:30PM, if deemed necessary, which I have supplied to The Children's Spot.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## THE CHILDREN'S SPOT

### WEEKLY RATES

REGISTRATION FEE *	\$100 ANNUALLY
SUPPLY FEE (FALL/SPRING)**	\$75.00
INFANTS (6 WEEKS – 12 MONTHS)	\$310.00
INFANTS (12 MONTHS – 18 MONTHS)	\$290.00
TODDLERS (18 MONTHS -24 MONTHS)	\$280.00
TWO YEAR OLDS (2-2.5 YEARS)	\$270.00
TWEENERS (2.5 ) - PRE-K I (3.5 YEAR OLDS) <b>NOT POTTY TRAINED</b>	\$270.00
PRE-K I 3 YEAR OLD & <b>POTTY TRAINED</b>	\$250.00
PRE-K II (4 YEARS OLD)	\$240.00
ACC. KINDER-PREP (5 YEARS AFTER SEPT 1 <sup>ST</sup> )	\$255.00
SCHOOL AGE (AM CARE ONLY)	\$85.00
SCHOOL AGE (PM CARE ONLY)	\$120.00
SCHOOL AGE (AM & PM CARE)	\$130.00
SCHOOL AGE (ISD "NO SCHOOL" DAYS)***	+\$31 (AM) +\$26 (PM) +\$24 (AM & PM)
SCHOOL AGE (SPRING BREAK & SUMMER CAMP)	\$230 (INCLUDES FIELD TRIP FEES)
	<b>SIBLING DISCOUNT 10% DISCOUNT</b>
	<b>ACTIVE MILITARY 10% DISCOUNT</b>
	<b>ACTIVE FIRE/POLICE 10% DISCOUNT</b>
	<b>MOUSER IND. 10% DISCOUNT</b>
Note: One Discount per family. Discount given to oldest registered child	<b>(ASK ABOUT OUR TEACHER INCENTIVES TOO!!)</b>

\*Registration Fee Due at time of enrollment and every July during annual re-enrollment there after

\*\*Spring Supply Fee billed in March / Fall Supply Fee billed in September

\*\*\*ISD "No School" fees are PER DAY and in addition to weekly tuition rates (Does not include field trip fees)

**RATES ARE SUBJECT TO CHANGE**

**PRICES EFFECTIVE: May 24, 2024**



# Swim Lessons with Mr. Nick



## Enrollment Form

Please complete 1 enrollment form for each child enrolling in swim lessons.

### Child Information:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_ - \_\_\_ - \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

### 1<sup>st</sup> Parent/Guardian Information:

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

### 2<sup>nd</sup> Parent/Guardian Information:

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

I am enrolling my child for the following session/sessions. I understand that payment in full must be received prior to the first lesson.

### **Registration fee \$20 (waived if session(s) paid in full by May 15<sup>th</sup>, 2024**

Session 1: June 10 – June 28 \_\_\_\_\_ Cost **\$150(6 lessons) or**

Session 2: July 1 – July 19 \_\_\_\_\_ Cost **\$150(6 lessons)** or Session 1&2 **\$275 (12 lessons)**

Sessions 3: July 22 – August 9: \_\_\_\_\_ Cost **\$150(6 lessons)** or Sessions 1, 2, & 3 **\$400 (18 lessons)**

Payments can be made via:

Venmo@michellerbass or

Zelle: Michelle R Bass [michelle.butimore@gmail.com](mailto:michelle.butimore@gmail.com)

**\*All children participating in swim lessons must be 3 years or older and fully potty trained.**

