	1	<i>avapai</i>
GAL H ST	1	COLLEGE

2024 SWIM SCHOOL ENROLLMENT FORM

Child's Name:		Age:	
Parent's Name:		Phone #:	
Email Address:			
SESSION DATES:			
Session 1: June 3-	6 and June 10-13		
Check One:	9:00-9:30	9:45 - 10:15	
Session 2: June 17	7,18,20, 21 (YC closed	d June 19) and June 24–27	
Check One: _	9:00-9:30	9:45-10:15	
Session 3: July 8-	•		
Check One:	9:00-9:30	9:45 - 10:15	

SESSION INFO:

COST: \$60 per 8-class session

FORMAT: Classes are held Monday through Thursday for two weeks. LEVELS: Levels 1-5 will be offered; Level of child will be determined on first day of session; Instructors reserve the right to change child's level based on their age and/or skill level.

Please note we only accept cash or checks. Please make checks payable to Yavapai College. Payment is due by the first class of session.

Please email this completed form to Paula Tomitz at: paula.tomitz@yc.edu. If you would like to drop it off, or for more information, please call Paula at (928) 776-2238.

FOR OFFICE USE ONLY:

Payment Received by:	Date Received:
Cash/Check #:	Amount Received:
Payment Amount Due:	Paid In Full: