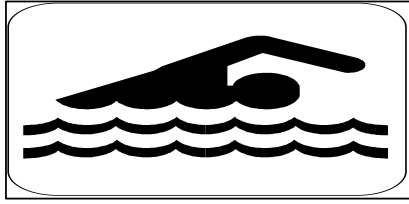


The Center For Health Improvement Private and Group Swimming Lessons



Date of Session enrolling in: _____

Level enrolling in: _____

Child's Name: _____ Child's age: _____

Address: _____ Child's date of birth: _____

Last Level completed: _____

Mother's Name: _____ Home Number: _____

Member of CHI? Yes or No (Please Circle) Work Number: _____

Membership number _____ Other Number: _____

Father's Name: _____ Home Number: _____

Member of CHI? Yes or No (Please Circle) Work Number: _____

Membership number _____ Other Number: _____

In case of emergency:

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Please List any additional information that will assist us in providing swimming lessons to your child:
