Nassau County Dept. of Parks, Recreation & Museums

Swim Lesson Application (fill out one per child/adult)

Parent/Guard. Name _____ _____ D.O.B.: __ __/__ __/__ __ Sex: M F *circle*
LAST FIRST

Child's Name _____ _____ D.O.B.: __ __/__ __/__ __ Age ____ Sex: M F *circle*
LAST FIRST

Address _____ Town _____ Zip _____

Home Phone # (516)_____ *Other #* _____ Leisure Pass# _____

1ST CHOICE Class #: _____ Day of Class: _____ Time of Class: _____

2ND CHOICE Class #: _____ Day of Class: _____ Time of Class: _____

3RD CHOICE Class #: _____ Day of Class: _____ Time of Class: _____

(**DO NOT WRITE BELOW THIS LINE**)

FOR OFFICE USE ONLY

Fee $_____ Cash / Ck. / Charge (Circle:) Date Paid: _____ Cashier Initials: _____

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