

**Guppieswim School**  
**2015 REGISTRATION FORM**  
**3648 Ciannmon Fern Loop, Clermont FL 34714**  
**352(404-6887) - [guppieswimschool@yahoo.com](mailto:guppieswimschool@yahoo.com)**

**PLEASE PRINT:**

Parent's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Contact Phone Numbers (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

**Student Information**

Name: (First) \_\_\_\_\_  
(Last) \_\_\_\_\_  
Age & DOB: \_\_\_\_\_  
Last Swim Class Completed: (Give class and Year) (Group or Private)  
\_\_\_\_\_  
Sessions -1st & 2nd Choice \_\_\_\_\_  
Time ---- 1st & 2nd Choice \_\_\_\_\_

**Student Information**

Name: (First) \_\_\_\_\_  
(Last) \_\_\_\_\_  
Age & DOB: \_\_\_\_\_  
Last Swim Class Completed: (Give class and Year) (Group or Private)  
\_\_\_\_\_  
Sessions-1st & 2nd Choice \_\_\_\_\_  
Time-----1st & 2nd Choice \_\_\_\_\_

**I have read the pool rules and agree to Guppieswim School policies and procedures.**

Please initial: \_\_\_\_\_

**I am a New Client and I understand that before I register, I must speak with Miss Kathy.**

Please initial: \_\_\_\_\_

**Please indicate if your child has any health concerns, learning disabilities or special needs. By providing this informatio, I will be able to adjust my teaching style to ensure an enjoyable and successful experience for you and your child.**

Student's Name; \_\_\_\_\_

Explanation: \_\_\_\_\_