

# FRASER SWIM PROGRAM REGISTRATION FORM

Please make checks payable to *FRASER PUBLIC SCHOOL*

MAIL TO: Fraser Public Schools

***ATTN: SWIM REGISTRATION***

34270 Garfield, Fraser, MI 48026-1898

Postmarked by Wednesday, August 23, 2017

PARENTS NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT

1: \_\_\_\_\_ DOB: \_\_\_\_\_ CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ COST: \_\_\_\_\_

STUDENT

2: \_\_\_\_\_ DOB: \_\_\_\_\_ CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ COST: \_\_\_\_\_

STUDENT

3: \_\_\_\_\_ DOB: \_\_\_\_\_ CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ COST: \_\_\_\_\_

STUDENT

4: \_\_\_\_\_ DOB: \_\_\_\_\_ CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ COST: \_\_\_\_\_

\_\_\_\_\_ **YES** I am interested in receiving the registration form via email

My e-mail address is:

\_\_\_\_\_

By signing up for the email list I understand that I will be removed from the postal mailing list.

\_\_\_\_\_ **NO** I prefer you to mail me a copy of the registration form to my home.

Please list any important medical information about your child so that we may accommodate them:

\_\_\_\_\_

\_\_\_\_\_

We reserve the right to combine and/or cancel classes based on demand.

REGISTRATION FEES ARE NON-REFUNDABLE - Credit Based

## **Office Use Only:**

Cash \_\_\_\_\_ Check \_\_\_\_\_