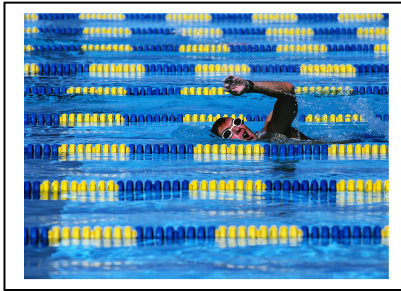


JERICHO UNION FREE SCHOOL DISTRICT
 Department of Health, Physical Education and Athletics



*Saturday Morning Instructional
 Swim Program*

The Saturday Morning Instructional Swim Program is for
Jericho UFSD residents children, ages 4 and up, that attend Jericho
 Elementary Schools - will begin its Fall Session on
October 6, 2012

Registration Date:	REVISED DATE: Wednesday, September 19 TH PLEASE FILL OUT THE ATTACHED FORM FOR EACH CHILD! THANK YOU. PLEASE HAVE YOUR CHECK MADE OUT TO “JERICHO UFSD”
Time/place:	7:00 – 8:00 PM in the pool lobby of Jericho High School located at 99 Cedar Swamp Road please use the 106N entrance and go in by the gym doors
Session dates:	October 6, 13, 20, 27 November 3, 10, 17 December 1, 8, 15
Session Times:	<input type="checkbox"/> 11:00 a.m. – 12:00 p.m. <input type="checkbox"/> 12:00 p.m. – 1:00 p.m. <input type="checkbox"/> 1:00 p.m. – 2:00 p.m. <input type="checkbox"/> 2:00 p.m. – 3:00 p.m.
Fee:	<p align="center"><u>PLEASE NOTE:</u> PARENT OR GUARDIAN MUST STAY FOR SESSION. THIS IS <u>NOT</u> A DROP OFF PROGRAM.</p> <p>\$ 50.00 per child – but you can combine into one payment cash or <u>nonrefundable</u> check made payable to: <u>Jericho UFSD</u> (Union Free School District)</p>

Jericho UFSD Resident Children Only!

Please bring driver’s license and we will check the elementary school list
 If your child is not enrolled in elementary school yet and is 4 years old, please bring
 birth certificate or passport and a LIPA or Tax bill

***Registration is Limited - First Come, First Served**

**Children will be grouped according to their skill level and they will be tested at the
 first session**

No one will be permitted to register beforehand – you must come in person to register
**For more information, please leave a message for the Program Coordinator:
 Ms. Jaclyn Schaub at 203-3600 ext. 3248**

SATURDAY MORNING SWIM INFORMATION SHEET:

FALL SESSION

Circle one: 11:00 – 12:00 12:00 – 1:00 1:00 – 2:00 2:00 – 3:00

Circle one: SEAMAN CANTIAGUE JACKSON

Name of student: _____

Name of Parent/Guardian: _____

Address: _____

Circle one: Gender of child: MALE FEMALE

Age of child: _____

Home phone #: _____

Cell phone #: _____

Parent email address: _____

PLEASE NOTE: PARENT OR GUARDIAN MUST STAY FOR SESSION. THIS IS NOT A DROP OFF PROGRAM.

Skill level Circle one: BEGINNER INTERMEDIATE

Other (please specify) _____

Any other information that you feel we should know:

For Program Coordinator only:

Paid: Y N
Group level: 1 2 3 4 5