McCracken's
2017 Swim Schedule

Sign up early! Class times fill quickly	
Session A	**June 5 - June 15**
Session B	**June 19 - June 29**
Session C	**July 10 - July 20**
Session D	**July 24 - Aug 3**

Classes are scheduled every half hour 8:30 am - 4:30 pm and 5:45 pm - 7:15 pm, **Monday through Thursday**.
McCracken's offers a **6:1 ratio** for children ages 3 and older.
We reserve the right to place swimmers in classes at our own discretion.

Public Cost: $74.00 per two week session, which includes eight half-hour lessons. Students attend every day, Mon - Thur for 2 weeks.

What to do:
1) Select one or more preferred 2 week sessions.
2) Choose morning, afternoon, evening preference.
3) Call us **at 782-8555** to secure an exact time.
4) Mail in registration form and payment to:
   McCracken's Swim Program
   15515 S. Keeler
   Olathe, KS 66062
5.) Optional: Fax Registration to 913-782-7458.

Day Care Cost: $84.00 per two week session, which **includes transportation** and eight half-hour lessons. Swim times will be coordinated **through your Day Care Director.**

Note: Evening classes start on the quarter-hour to promote efficient parking and better traffic flow as gymnastics class are on the hour and half hour.

Please detach and keep this side as a reminder of the Session and Time you are signed up for.

➜ **Circle Session(s):** A B C D **Time:** _____

2017 McCracken's Swim Registration Form

15515 S. Keeler St., Olathe, KS 66062 ● 913-782-8555

Last Name of Student _____ Parents' Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work or Cell Phone _____

Participating Day Care (if your child comes with the Daycare) _____

➜Swimmers

Child 1 _____ Age____ Birth date_____ Boy ❍ Girl ❍

Child 2 _____ Age____ Birth date_____ Boy ❍ Girl ❍

Child 3 _____ Age____ Birth date_____ Boy ❍ Girl ❍

Preferred 2 Week Session(s): A B C D
(Please Circle)

Time: _____

List any medical history we may need:

_____

I, the undersigned parent or guardian of the above-named student, do hereby grant authority to the staff of McCracken's Gymnastics School, Inc. to render a judgement concerning medical assistance in the event of an accident or illness during my absence. I hold McCracken's Gymnastics School Inc., its teachers, staff and school harmless for all injuries arising to and from all activities of McCracken's Gymnastics & Swim School. **I also understand there are no refunds or make-ups for lessons missed.**

_____
Signature of Parent or guardian **Date**

Office Use Only:

	Check/Credit	Day Received	Amount
A.			
B.			
C.			
D.			

To secure your Session & Time, we need **payment within 3 days** of adding your child to a spot. Please mail a check with the form, **or** pay at the office, or add your credit card information below when you mail it.

* **Visa** * **MasterCard** * **Discover**

Cardholder name as it appears on card:

Name: _____

Card Number: _____ _____ _____ _____

Expiration Date: ___ ___ 3 Digit CSC:_____