



# McCracken's Swim School

15515 S. Keeler + Olathe, KS 66062

913-782-8555

[www.mcgymswim.com](http://www.mcgymswim.com)

## 2019 Swim Lessons

### Our Goal

Our goal at McCracken's is to teach your child to respect the water and feel comfortable while in the pool. We believe a fun and positive experience is essential to learning survival and swimming skills.

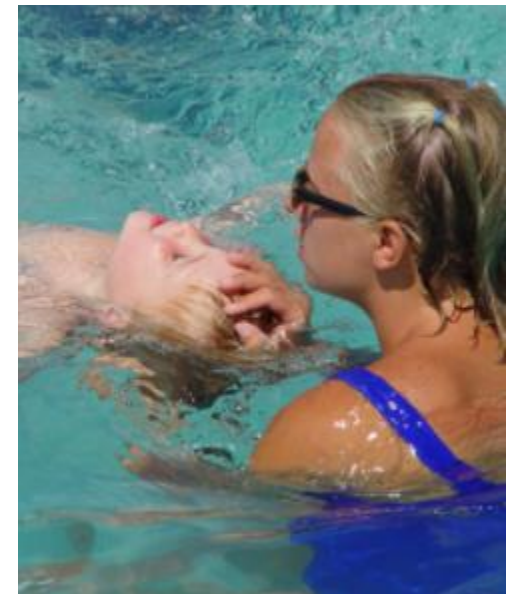
### Our Facility

We ensure a warm and inviting swim experience by maintaining our pool at a comfortable 90 degrees throughout the swim season, and a low 6:1 Student to teacher ratio.

We have entry steps built in for each class, handy bathroom facilities, spacious surroundings, and bleachers for parental and non-participating siblings.

Most importantly, we provide a printed progress report and certificate at the end of each two-week session for all swimmers.

We believe our 42 years of experience has helped us create the perfect teaching environment for the young beginning swimmer.



**We offer the kind of swim lessons  
we'd want for our own children.**

## Location

We're located just off I-35 in Olathe; approximately 1/2 mile west of Olathe South High School and 1/2 mile east of Olathe Medical Center.



At McCracken's, we maintain an open-door policy and **encourage** parent observation. Always feel free to call us with any questions or concerns.

## Weather Policy

When lightening and thunder threaten, we take swimmers inside for an indoor water-safety lesson. As soon as weather permits, classes will resume outdoors.

If more than one rain day occurs, we will schedule a make-up class. **If in doubt – come on out!**

## Lesson Tips

1. Provide your child with easy to slip on shoes or flip flops.
2. Put your child's name on all personal belongings (towel, shoes, etc.)
3. If you would like your child to wear **sun screen**, choose a waterproof lotion and apply it **at least one hour prior to entering the water**.
4. Only provide your child with ear plugs if it is prescribed by your child's doctor. If your child does not need them for medical reasons, it is best to learn without plugs.

You can find additional swim forms on our site:

[www.mcgymswim.com](http://www.mcgymswim.com)

## McCracken's

### 2019 Swim Schedule

Sign up early! Sessions fill quickly.

**Session A June 3 – June 13**

**Session B June 17 – June 27**

**Session C July 8 – July 18**

**Session D July 22 – August 1**

Classes are scheduled every half hour 8:30 am – 4:30 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: \$77.00** per two-week session, which includes eight half-hour lessons. Students attend every day, Monday through Thursday for two weeks.

#### What to do:

1. Select one, two, three or all four two-week sessions.
2. Choose morning or afternoon preference.
3. Call us at **913-782-8555** to secure an exact time.
4. Mail in registration form and payment to:

**McCracken's Swim Program**  
15515 S Keeler  
Olathe, KS 66062

**Day Care Cost: \$87.00** per two week session, which **includes transportation** and eight half-hour lessons. Swim times will be coordinated **through your Day Care Director**.

**Private Lessons** are available for any age and can be arranged through **Linda** or by calling **913-782-8555**.

## 2019 Swim Registration Form

McCracken's Swim School + 782-8555

|           |  |         |     |
|-----------|--|---------|-----|
| Last Name |  | Parents |     |
| Address   |  |         |     |
| City      |  | State   | Zip |
| Phone     |  | Email   |     |

### 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

**Session(s)** Circle: A B C D **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. **I also understand there are no refunds or make-ups for lessons missed.**

Signature of Parent or Guardian

Date

#### Office Use Only:

| Check No. | Day Received | Amount |
|-----------|--------------|--------|
| A.        | _____        | _____  |
| B.        | _____        | _____  |
| C.        | _____        | _____  |
| D.        | _____        | _____  |