

Sign up early! Class times 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: \$110.00 per two week session, which includes eight half-hour lessons. Students attend every day, Monday – Thursday for 2 weeks.

What to do:
 1) Select one or more preferred 2 week sessions.
 2) Choose morning or afternoon 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

Day Care Cost: \$125.00 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

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:** _____

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 from and during 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/Credit	Day Received	Amount
A. _____		
B. _____		
C. _____		
D. _____		

To secure your Session and Time, we require **payment within three (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: _____