

JACK SPLASH REGISTRATION FORM

Parents Name _____

Address _____

City, State, Zip _____ E-mail Address: _____

Home Phone _____ Work Phone _____

Office Use Only:

Date Rec'd _____

Pmt. Rec'd _____

Date Entered _____

Initials _____

1st Child's Name

2nd Child's Name

3rd Child's Name

Birthday _____ Birthday _____ Birthday _____

Level _____ Level _____ Level _____

1st Choice*
Day and Time _____ Day and Time _____ Day and Time _____

2nd Choice*
Day and Time _____ Day and Time _____ Day and Time _____

PAYMENT- Include payment with your registration.

We cannot accept registrations without payment.

We accept cash, check or credit card.

Make checks payable to: Jack Splash Swim School

Payment (Cash, Check or Credit Card)

Add tuition for all children \$ _____

New Family Registration Fee (\$25) \$ _____

Total Payment \$ _____

Credit Card: (circle one) AmEx Visa MasterCard

Card# _____

Exp. Date: _____ 4 digit (AmEx) or 3 digit (Visa/MC)

Signature: _____ verification # (required): _____

(\$15.00 service charge will be accessed for all nsf checks)

*** IF SIGNING UP FOR 2 WEEK CAMP, PLEASE INDICATE WHICH SESSION (A, B, C, D, OR E)**

I am a: (check one)

Current Family (I have taken lessons with Jack Splash)

New Family (I am brand new!):

*Please add \$25.00 one-time registration fee
to your tuition payment*