

McCracken's 2010 Swim Schedule

Sign up early! Class times fill quickly	
Session A	June 7 - June 17
Session B	June 21 - July 1
Session C	July 12 - July 22
Session D	July 26 - Aug 5

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: \$66.00 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

Day Care Cost: \$74.00 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 are shifted by 15 minutes to promote efficient parking and better traffic flow as gymnastics classes are on the hour & half hour.

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

Preferred Session(s): Time:

2010 Swim Registration Form

McCracken's Swim School
913-782-8555 FAX 913-782-7458



Last Name _____ Parents _____

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 _____

Child 2 _____ Age _____ Birth date _____

Child 3 _____ Age _____ Birth date _____

Preferred Session(s): 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 No.	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 [pay on line](#) in the Forms page, or add your credit card information below when you mail it.

* **Visa** * **MasterCard** * **Discover**
Name as it appears on card:

Card Number: _____

Expiration Date: ____/____/____ CSC: _____