

Date: _____

PRIVATE LESSON INTAKE FORM

Name of Child(ren): _____ Age(s): _____

Name of Parent: _____

Email: _____ Phone Number: _____

(circle one) Member or Non Member

(circle one) How many lessons: 3 - 5—7 lessons and 30 or 45 minute lessons OR Doesn't know

Is there a specific goal you would like accomplished? (overcome fear of water, stroke development, challenged more 1:1)

When would you like to start lessons?: _____

Is there a specific end date you have?: _____

Family's Availability

Please list some specific times on the days you are available. "X" out days of the week that don't work for your family.

MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____

Lessons are scheduled based on when you and the instructor can meet

Staff filling out the form: _____

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