

**How did you hear about us?**

Staff  JCC Member  Town Newspaper

Local News Channel  Mailing List  Family or Friend

Boston Parents Paper  MetroWest Mamas  Boston Mamas

Parenting.com  Other, please specify \_\_\_\_\_

Date: \_\_\_\_\_

Leventhal-Sidman JCC

**Lenny Krayzelburg Swim Academy Evaluation/Registration Form**

Membership Number \_\_\_\_\_  Nonmember

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Student name (1) \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Swim level \_\_\_\_\_  Group Lesson  Private Lesson

	Requested Day	Requested Time	Requested Instructor
<b>1st Choice</b>			
<b>2nd Choice</b>			
<b>3rd Choice</b>			

Student name (2) \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Swim level \_\_\_\_\_  Group Lesson  Private Lesson

	Requested Day	Requested Time	Requested Instructor
<b>1st Choice</b>			
<b>2nd Choice</b>			
<b>3rd Choice</b>			

Student name (3) \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Swim level \_\_\_\_\_  Group Lesson  Private Lesson

	Requested Day	Requested Time	Requested Instructor
<b>1st Choice</b>			
<b>2nd Choice</b>			
<b>3rd Choice</b>			

**OFFICE USE ONLY**

Day and time of class \_\_\_\_\_ Date of first lesson \_\_\_\_\_

Welcome email sent \_\_\_\_\_ Staff initials \_\_\_\_\_

Input "Userdefined" in LINKS

**Please read and initial each policy:**

\_\_\_ Your initial payment includes a registration fee of \$60 per child for group or private lessons. The registration fee includes an LKSA swim suit or infant wetsuit, swim cap and student progress book.

\_\_\_ There is an annual fee of \$20 to cover the cost of caps and stickers throughout the program.

\_\_\_ If I need to discontinue lessons, effective immediately, any charged balances will be kept in my account in LKSA until I choose to resume lessons or I may use my credit for LKSA retail. There are NO REFUNDS FOR ANY REASON.

\_\_\_ All lessons must be cancelled 24 hours in advance of the lesson start time to qualify for the make-up lesson. If less than 24 hours notice is given, you will be charged for the lesson. There is absolutely no rescheduling of make-up lessons. There are no exceptions. Monthly billing clients are eligible for one make-up lessons every month. Each make-up lesson is valid for one calendar month from the date of the cancellation as long as the student is currently enrolled. Make-ups do not rollover from month to month.

\_\_\_ I understand that there is absolutely no rescheduling of make-up lessons. There are no exceptions.

\_\_\_ We strive to provide the same instructor for each lesson, however if your instructor is absent, another qualified instructor will be assigned. We will attempt to give you advanced notice of any changes.

\_\_\_ I authorize LKSA to use email as the best means of communication for any updates and announcements.

**Monthly Billing**

I understand that payment by Electronic Funds Transfer or monthly credit card is a continuous enrollment plan for swim lessons. My bank account or credit card will automatically be charged a set monthly fee for all lessons my child/children are enrolled in during the billing month. Charges will be made on the 25<sup>th</sup> of the month, (or the first business day thereafter), for the following month. I also understand that if I sign up for the monthly billing after the first of the month, my initial payment will include a prorated amount for the current month plus the balance for next month. Should an EFT payment not be honored by my bank, or a monthly payment not be advanced by my credit card company for any reason, I understand that I must submit full payment by other means within 30 days and shall pay the JCC a \$15 service charge. My signature below authorizes the Lenny Krayzelburg Swim Academy (LKSA) at the Boston JCC to charge my bank account/credit card monthly for my students' swimming lessons until further notice. I also agree to give the academy 30 days advance notice to terminate my students' lessons by completing the 'Lesson Termination Form' which is available in the LKSA office. (Signature required.)

Type of Payment (Choose One)

Credit Card (Visa or Master Card) Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Total amount due today \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_