	Learn to Swim Progra	Applica Date	ation
Student 1			
ourse Name	Time	e Offered	
tudent's Name			Date of Birth
ist any Medical Concerns			1
revious Swimming Experience Swim Center, Arlington Echo, etc.)			
Student 2	Check if addi	itional stude	ents are listed on the ba
Course Name	Time	e Offered	
tudent's Name			Date of Birth

Previous Swimming Experience		
(Swim Center, Arlington Echo, etc.)		

Contact Information								
Street Address			City			State	Zip Code	2
Parent/Guardian Name			email addres	S				
Day Phone — —	-	-	Evening Phone		-		_	
<ul> <li>Remember that openings will be filled on a first-come, first-served b</li> <li>Make checks payable to: Anne Arundel County Public Schools</li> <li>Mail completed application and fee to:</li> </ul>			oasis.		ber of I Students	<b>Cost per stuc</b> \$55.00 (First S		Totals <b>\$55.00</b>
Arlington Echo Outdoor Educatic Learn to Swim Program 975 Indian Landing Road, Millers	on Center	land 21108			×	\$50.00 Total Enclo		
Course Name	Ages	9:00–9:40	9:45–10	):25	10:30-	-11:10	1	1:15–11:55
Pre-school Level I	3–4							
Pre-School Level II	3–4							
Introduction to Water Skills (Level I)	5–7							
Fundamental Aquatic Skills (Level II)	5–7							
	8–11							
Stroke Development (Level III)	6–8							
	8–11							
Stroke Improvement (Level IV)								
Stroke Refinement (Level V)								

## Learn to Swim Program Application

## continued

Student 3		
Course Name	Time Offered	
Student's Name		Date of Birth
List any Medical Concerns		
Previous Swimming Experience (Swim Center, Arlington Echo, etc.)		
Student 4		
Course Name	Time Offered	
Student's Name		Date of Birth
List any Medical Concerns		
Previous Swimming Experience (Swim Center, Arlington Echo, etc.)		
Student 5		
Course Name	Time Offered	
Student's Name		Date of Birth
List any Medical Concerns		
Previous Swimming Experience (Swim Center, Arlington Echo, etc.)		