



American Renaissance Academy's Swim Lessons – Summer Session 2017

Student Information								
Last Name		First Name		Middle Name				
Preferred Name	Birthdate	Age on June 1, 2017	Gender	Grade Entering Fall 2017				
School Attended in SY 2016-2017		School Attending in SY 2017-2018						
Billing Address		City	State	Zip Code				
Parent Legal Guardian Information								
Father/Guardian Name		Email Address						
Home Phone	Work Phone		Cell Phone					
Mother/Guardian Name		Email Address						
Home Phone	Work Phone		Cell Phone					
Health Information								
Physician	Phone Number		Medical Insurance Provider					
Please list any health conditions or considerations:								
Emergency Information								
The safety of students is a top priority. In the event that an emergency situation should arise and the parents cannot be contacted, American Renaissance Academy will contact the individuals listed here. They will not be contacted for any other purpose. Do not list parents.								
Emergency Contact #1	Relationship		Phone Number					
Emergency Contact #2	Relationship		Phone Number					
Authorized Individuals for Student Pick Up								
I hereby grant permission for the following persons, in addition to the emergency contacts listed above to pick up my child from school. Individuals will be required to show ID upon pick up.								
Authorized individual #1	Relationship		Phone Number					
Authorized Individual #2	Relationship		Phone Number					
Signature								
Agreement: I agree to abide by the rules and regulations of American Renaissance Academy and will not hold the school responsible or liable for any injury to my child. I authorize American Renaissance Academy personnel to contact my physician and accompany my child to the nearest health center if I am not available at the time of emergency.								
My consent is also given for visual (photos, video, etc.) taken of my child during the summer program to be used in school publications or promotional materials. I understand that financial compensation will not be given for use.								
Parent Legal Guardian Signature			Date					



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Session 1 | June 5 – June 30

\$265.00

Lesson Time (Please check one)

- ☐ 1:00 – 1:30
☐ 1:45 – 2:15
☐ 2:30 – 3:00
☐ 3:15 – 3:45
☐ 4:00 – 4:30

Session 2 | July 3 – July 29

\$265.00

Lesson Time (Please check one)

- ☐ 1:00 – 1:30
☐ 1:45 – 2:15
☐ 2:30 – 3:00
☐ 3:15 – 3:45
☐ 4:00 – 4:30

Number of Sessions _____ x \$265.00 = _____ Total Payment

FOR OFFICE USE ONLY

Payment Amount:	Cash CC Check # _____	Date:	Received By:
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