## FRANKLIN KNOLLS SWIMMING LESSON PROGRAM REGISTRATION FORM

Child's Name			Date of Birth	
Child's Name			Date of Birth	
Child's Name			Date of Birth	
Child's Name			Date of Birth	
Telephone - Home			_ Cell	
Pool Membership Nu	mber			
Parent/Guardian Nar	ne			
Session you are Regi	stering For: (Please	Circle) (You must d	complete a separate t	form for each session.)
Session 1 Morning June 18-29, 2018		•	_	
FEES: \$50 for Pool I Payment must accom to: Franklin Knolls Sv	pany this form and s		m of check or money	order made payable
9433	tion forms at the po Quinn Curran Road Spring, MD 20901	ol office or mail to	:	
	day, July 11, 2018.			, June 27, 2018; Ses- n the deadline. (Allow
By signing below, I with more details al			-	
Parent Signature			Da	 te