

JERICHO UNION FREE SCHOOL DISTRICT
Department of Health, Physical Education and Athletics



Saturday Instructional Swim Program

The Saturday Instructional Swim Program is for **Jericho UFSD resident's** children, ages 4 and up that attend Jericho Elementary Schools.

Spring Session begins on January 7, 2017

**Registration
Date:**

Wednesday, December 14, 2016

**PLEASE FILL OUT THE ATTACHED FORM FOR EACH CHILD
THANK YOU.**

Time/Place:

6:00 – 8:00 PM in the pool lobby of Jericho High School
located at 99 Cedar Swamp Road
Please use the entrance on 106N and enter at the gym doors

**Session
Dates:**

- January 7, 14, 21, 28
- February 4, 11
- March 4, 11, 18, 25

**Session
Times:**

Each session includes 45 mins instruction and 5 mins free swim

- 11:00 a.m. – 11:50 p.m.
- 12:00 p.m. – 12:50 p.m.
- 1:00 p.m. – 1:50 p.m.
- 2:00 p.m. – 2:50 p.m.

Fee:

**PLEASE NOTE: PARENT OR GUARDIAN MUST STAY FOR SESSION.
THIS IS NOT A DROP OFF PROGRAM.**

**\$50.00 per child – but you can combine into one payment
of cash or nonrefundable check made payable to:
Jericho UFSD (Union Free School District)**

Jericho UFSD Resident Children Only!

Please bring driver's license and we will check the elementary school list.

If your child is not enrolled in elementary school yet and is 4 years old,
please bring birth certificate or passport **AND** a LIPA or Tax bill

***Registration is Limited - First Come, First Served**

No one will be permitted to register beforehand – you must come in person to register

Children will be grouped according to their skill level and they will be tested at the first session

For more information, please leave a message for the Program Coordinator:

Ms. Tami DeRose at 203-3600 ext. 3248 or email at tderose@jerichoschools.org

SATURDAY MORNING SWIM INFORMATION SHEET

SPRING SESSION

Circle one: 11:00 –11:50 12:00 –12:50 1:00 –1:50 2:00 –2:50

Circle one: SEAMAN CANTIAGUE JACKSON

Name of student: _____

Name of Parent/Guardian: _____

Address: _____

Circle one: Gender of child: MALE FEMALE

Age of child: _____

Home phone #: _____

Cell phone #: _____

Parent email address: _____

PLEASE NOTE: PARENT OR GUARDIAN MUST STAY FOR SESSION. THIS IS NOT A DROP OFF PROGRAM.

Skill level: **Circle one:** 1 2 3 4 5 6

Other: (please specify) _____

Any other information that you feel we should know:

For Program Coordinator only:

Paid: Y N

Group level: 1 2 3 4 5