

**SWIM LESSONS**  
**SUMMER 2024**

The CYO of Mercer County is pleased to announce the offering of swim lessons for **children ages 4-14**. Children must be 4 as of 5/28/24. Classes will be formed based on age and ability. The classes will be offered at the CYO Camp Pool on Yardville-Allentown Road in Yardville on Monday, Tuesday, or Wednesday evenings. The program will run for 8 weeks from **June 24th to August 15<sup>th</sup>**. Classes will start at 6:00PM or 7:00PM. All classes will be 45 minutes long; you may request (and pay accordingly) for more than one lesson per week (i.e. Monday and Wednesday evenings) if you wish.

The Program Supervisor is Andrea Sirak, a State-certified Teacher, a Water Safety Instructor and long-time American Red Cross Swimming Instructor. The CYO Camp lifeguards (all certified) will serve as the Instructors. Maximum teacher-student ratio will be 1:10.

**The cost of this program is only \$114 per person until May 28th/ \$124 per person after May 28th** ( no hidden membership costs-just a flat fee). **Once the program begins, no refunds will be granted. The CYO will only cancel classes for severe weather conditions; make up classes will only be available for such weather cancellations as announced by the CYO.**

To register, please complete the form below and attach a \$114 check per swimmer if prior to May 28th and \$124 per swimmer after May 28th; if a parent chooses to register a child for two classes, each week, the total cost is \$200. This is a special rate only available until 5/28. Checks made payable to "CYO" and send to: **CYO, 453 Yardville-Allentown Rd. Yardville, NJ 08620**

**\* To assist us in projecting class abilities, sign up for the level above the last level successfully completed (and received a card for). Program Supervisor makes final decision on classes. NOTE: All 4 year olds by 5/28/24 will be Level 1. If you are unsure of your child's level, please call Mrs. Sirak at (609)937-8188. For all other registration questions, call the Yardville Office at (609) 585-4280, ext. 116.**

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**Please Print**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday / / \_\_\_\_\_ Male or Female \_\_\_\_\_

Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ Email: \_\_\_\_\_

(C) \_\_\_\_\_ (W) \_\_\_\_\_

Any special needs for your child? Please explain or call Mrs. Sirak to discuss confidentially. \_\_\_\_\_

**Back Up Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate your class preference by marking X's:

_____ Monday @ 6:00PM	Level 1 _____	Level 2 _____	Level 5 _____	Level 6/7 _____
_____ Monday @ 7:00PM	Level 1 _____	Level 3 _____	Level 4 _____	
_____ Tuesday @ 6:00PM	Level 1 _____	Level 2 _____	Level 3 _____	
_____ Tuesday @ 7:00PM	Level 1 _____	Level 2 _____	Level 3 _____	
_____ Wednesday @ 6:00PM	Level 1 _____	Level 2 _____		
_____ Wednesday @ 7:00PM	Level 1 _____	Level 2 _____		