



HOME HEALTH • HOSPICE • REHAB THERAPIES • AQUATIC & FITNESS

Child's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: (H) \_\_\_\_\_

Email: \_\_\_\_\_ (C) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Session #: \_\_\_\_\_ Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Please return this form to pre-register your child for a group swim lesson session. This can be handed in at any time.

Payment is due when we confirm that we have your child in lessons. Space is limited and will be determined by first come first serve. You will receive an email to confirm your spot. [egibbs@pbhha.org](mailto:egibbs@pbhha.org)

Payment Type: We accept Cash, Check and Credit Card. You can mail it in, drop it off, or call it in over the phone.

Please mail to: Pemi-Baker Community Health, 101 Boulder Point Drive, Suite 3, Plymouth, NH 03264 *Attn: Liz Gibbs*



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