

Frank's Swim School Registration Form (Tel. 416 636-5023; Fax 416 636-9664)
(PLEASE PRINT CLEARLY)

Family Name _____ Address _____ Postal code _____

Telephone Numbers: Home () _____ Work() _____ Mobile() _____

Email Address: _____

Mother: First Name _____ Mother: Last name _____ Father: First Name _____

Student's First Name _____ Date of birth (mm/dd/yy) _____ Gender _____

Day of week ___ Time _____ Location (pool) _____ **Circle** session(s) **Fall Winter Spring** Has/For Level ____ / ____

Student's First Name _____ Date of birth (mm/dd/yy) _____ Gender _____

Day of week ___ Time _____ Location (pool) _____ **Circle** session(s) **Fall Winter Spring** Has/For Level ____ / ____

Student's First Name _____ Date of birth (mm/dd/yy) _____ Gender _____

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