2024 Lester Prairie Red Cross Swimming Lessons

Where: City Hall

Cost: GROUP CLASSES \$50.00 / PRIVATE LESSONS \$100.00 (Required at the time of registration)

Registration is first come first serve basis. Form and money can be dropped off or mailed to Lester Prairie City Hall, 37 Juniper St N, PO Box 66, Lester Prairie, MN 55354.

SESSION 1: Classes will run Tuesday – Friday for the two weeks with Monday as the makeup day if needed due to weather. **Instructors reserve the right to move children to appropriate class levels if they feel they are in class too hard or too easy for their ability level.**

SESSION 2: Classes will run Monday – Thursday for the two weeks with Friday as the makeup day if needed due to weather. **Instructors reserve the right to move children to appropriate class levels if they feel they are in class too hard or too easy for their ability level.**

A separate registration form must be completed and signed for each child. Class time and class availability are subject to change based on the numbers of registrations and instructor availability. Children must be at least 5 years old and have completed Kindergarten to be eligible for Level 1.

Swimming lessons are 30-minute sessions.

Session 1				
JUNE 18 TH - JUNE 28 TH				
9:30am - 10:00 am.	Level 6A & 6B			
10:00 am - 10:30 am.	Level 5 –Stroke Refinement			
10:30 - 11:00 am.	Level 3 – Stroke Development			
11:15am – 11:45 am.	Level 2 – Aquatic Skills			
11:45 am. – 12:15 pm.	Level 1 – Water Safety			
12:20pm – 12:50 pm	PRIVATE LESSON			

Session 2 JULY 8 TH – JULY 19 TH			
9:30am – 10:00 am.	Level 4- Stroke Improvement		
10:00am - 10:30 am.	Level 2 – Aquatic Skills		
10:30am - 11:00 am.	Preschool C – (Ages 3,4,5)		
11:15am - 11:45 am.	Preschool B – (Ages 3,4,5)		
12:00pm - 12:30 pm.	Preschool A – (Ages 3,4,5)		

Parent/Children Session: Tuesday & Thursday July 9,11,16,18,23 & 25 (Minimum of 5 kids)

7:15 - 7			– 3years)
Child's name:	Age:	Parent's Name:	
Best time to be reached: _	Parent Cell:		or
Session:	Course Level:	Time: _	
The above child has my permission necessary medical treatment sho			nming Lesson Program and I authorize any ity of Lester Prairie.
Parent Signature:		Date:	
Print Parent Name:		Cash:	Check:

Make Checks Payable To: The City of Lester Prairie