

Cornerstone Schools Swim Lessons

4888 Browns Bridge Rd. Cumming Ga. 30041 (770-205-6860)



Requirements: 3 yrs. to 14 yrs. Children must be potty trained.

Fees: \$120.00 for nine classes. Fees are non-refundable and no credit will be given for missed classes. Cornerstone will make up lessons missed due to weather.

Classes are limited, so if you are interested, please fill out the form below and return it with your payment. Payment has to be made at time of registration.

We request that parents are not present during swimming lessons. Cornerstone staff will bring all the children to the pool as a group. Parents picking up children must pick them up at the front office.

No food or drinks allowed in the pool area.

Class Schedules:

School Age Lessons.....	Mon., Wed & Fri.	- 9:30 am.-10:15 am.
3-5 Year Olds - Lesson 1.....	Mon., Wed. & Fri.	- 10:15 am.-10:45 am.
Lesson 2.....	Mon., Wed. & Fri.	- 10:45 am.-11:15 am.
Lesson 3.....	Mon., Wed. & Fri.	- 11:15 am.-11:45 am.

I would like to enroll my child in the following session(s):

Session 1June 6 - June 24 _____

Session 2..... July 11 -July 29 _____

Child's Name _____ Age _____ D.O.B. _____

Address _____ City _____ Zip _____

Special Needs: _____ Allergies _____

Dr. Name _____ Phone # _____

Past Lesson: Yes___ No___ Afraid Of Water: Yes___ No___ Do Not Know___

Cornerstone Schools has my permission to give my child swimming lessons.

Should my child become ill during the time that he/she is in the care of Cornerstone Schools or suffer an accident of any nature the center will undertake to contact me immediately and shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent/guardian shall assume responsibility for payment.) I agree to keep Cornerstone Schools informed of changes relating to emergency telephone numbers, physicians and all emergency contacts. Cornerstone Schools uses Northside Hospital Forsyth for emergencies.

I understand that Cornerstone Schools is not responsible for lost belongings.

Parent's Signature: _____ Date _____ Phone # _____