

2009 Dunewood Swim Program



Child's Name

Birthday (MM/DD/YY)



1. _____

2. _____

3. _____

4. _____



Parent's Name: _____ Mobile #: _____

Email Address: _____

Fire Island Address & Phone: _____

Permanent Address: _____

Emergency Contact & Phone: _____



Resident



Non-Resident

RATES:

Weekly: \$ 50

Weekly: \$ 60

Monthly: \$ 150

Monthly: \$ 180

Week of	Mon	Tues	Wed	Thurs	Fri
June 28					
July 6					
July 13					
July 20					
July 27					
TOTAL:					

Week of	Mon	Tues	Wed	Thurs	Fri
Aug 3					
Aug 10					
Aug 17					
Aug 24					
End					
TOTAL:					

*Payment is required before classes start. Please make checks payable to DPOA.