2026 Float 'n' Stroke
Session A – Pre-Summer Swimming Application
All Classes Require Parent Participation

Check all boxes that apply.

- ☐ My child has taken lessons with Float "n" Stroke previously.
  - ☐ 2025
  - ☐ 2024
  - ☐ 0ther
- ☐ My child has never taken lessons with Float "n" Stroke.

THE DEMAND IS VERY HIGH FOR QUALITY SMALL GROUP INSTRUCTION. IF YOU WISH TO ENROLL YOUR CHILD, PLEASE MAIL

PAGES 1 & 4 (Notarized) ALONG WITH FULL PAYMENT BY CHECK
MADE PAYABLE TO: DELORES SMITH...13400 73RD AVE. N.....SEMINOLE, FL 33776

PLEASE PRINT / ONE NAME PER APPLICATION

Participant's Name _____

Current Age: _____Date of Birth: _____ Parents Name: _____

E-mail _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name/Cell: _____ Name/Cell: _____

Emergency Contact: _____ Emergency Phone: (____)_____

CLASSES ARE LIMITED TO 3 STUDENTS AND ARE SCHEDULED BY APPLICATION DATE.

If you wish to reserve a block of time, please send all applications together if possible. Check the dates carefully and **mark your calendars as soon as lessons are confirmed. Classes will be taught by Delores Smith.**

 # YOUR PREFERENCES IN ORDER FROM 1 - 3 FOR CLASS TIMES / LEVELS

SESSION: **(Levels can be adjusted as requested.)**

$165 (6 day) _____ A. May 7, 8, 9*, 11, 12, 13
*Saturday Classes

Toddler/Pre Beginner Class – An adult must be in the water for all lessons. This class is only for children ages 2 ½ through 4 (at the time of lessons). Children in this class should already be comfortable in and around the water.

Infant/Toddler Class – An adult must be in the water for all lessons. This class is for children ages 10 months through age 3.

Safety skills will be incorporated throughout all classes.

CLASS TIMES:

_____ 10:45 – 11:30 Infant/Toddler
_____ 11:30 – 12:15 Toddler/Pre Beginner
_____ 12:15 – 1:00 Infant/Toddler
_____ 1:00 – 1:45 Toddler/Pre Beginner

1:45 – 5:15 BREAK & MAKEUP TIME DUE TO INCLEMENT WEATHER

_____ 5:15 – 6:00 Toddler/Pre Beginner
_____ 6:00 – 6:45 Infant/Toddler
_____ 6:45 – 7:30 Toddler/Pre Beginner

EVENING CLASSES ARE GIVEN PREFERENCE TO WORKING PARENTS

DO NOT WRITE IN THIS SECTION

DATE APPLICATION RECEIVED _____ **DATE CONFIRMED** _____

SESSION _____ **TIME** _____ **LEVEL** _____ **CHECK #** _____ **AMT.** _____