



2026 Float 'n' Stroke Sessions B,C,D,E,F Swimming Application

Check all boxes that apply.

- My child has taken lessons with Float "n" Stroke previously.
 - 2025
 - 2024
 - Other
- 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 2 & 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.

A level can be changed if all agree. 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/ Danyielle Gomez-Nieto based on their availability.

YOUR PREFERENCES IN ORDER FROM 1 - 3 FOR SESSIONS AND CLASS TIMES

CLASS TIMES:

SESSIONS: (Levels can be adjusted as requested.)

\$150 (5 day) _____ B. May 28, 29, 30**, June 1, 2

\$160 (6 day) _____ C. June 17, 18, 26, 27***, July 1, 2

\$135 (4 day) _____ D. July 8, 9, 10, 11**

\$135 (4 day) _____ E. August 19, 20, 21, 22**
(afternoon & evening only)

- _____ 9:30 - 10:15 Adv. Beg/Intermediate
- _____ 10:15 - 11:00 Pre-Beginner/Beginner I
- _____ 11:00 - 11:45 Infant/Toddler
- _____ 11:45 - 12:30 Beginner I/II
- _____ 12:30 - 1:15 Beginner III/Advanced Beginner

1:15 - 4:15 BREAK & MAKEUP TIME DUE TO INCLEMENT WEATHER

- _____ 4:15 - 5:00 Beginner I/II
- _____ 5:00 - 5:45 Pre-Beginner/Beginner I
- _____ 5:45 - 6:30 Infant/Toddler
- _____ 6:30 - 7:15 Advanced Beginner/ Intermediate/ Swimmer

Notes: *Safety Days - class times will be adjusted, **Saturday Classes

EVENING CLASSES ARE GIVEN PREFERENCE TO WORKING PARENTS

DO NOT WRITE IN THIS SECTION

DATE APPLICATION RECEIVED _____ DATE CONFIRMED _____

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

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