

Leventhal-Sidman JCC

# Private Swim Lesson Request Form

- Member       Nonmember       Indoor Pool  
 Private       Semi-private       Outdoor Pool

Student name (1) \_\_\_\_\_ Age \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Student name (2) \_\_\_\_\_ Age \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Student name (2) \_\_\_\_\_ Age \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Date you would like to start \_\_\_\_\_

	Requested Day	Requested Time	Requested Instructor
1st Choice			
2nd Choice			
3rd Choice			

Level of swimmer \_\_\_\_\_

Special requests \_\_\_\_\_

Number of lessons purchased:    5      10      15

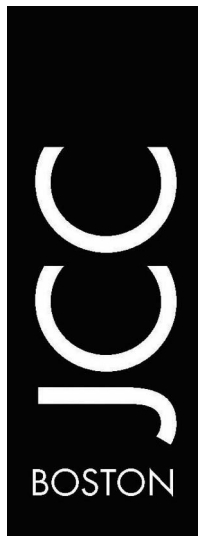
**OFFICE USE ONLY**

Day and time of class: \_\_\_\_\_ Date of first lesson: \_\_\_\_\_

Date confirmed with client: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Instructor booked: \_\_\_\_\_

**Aquatics Department phone number: 617-558-6468 • Email: [aquatics@jccgb.org](mailto:aquatics@jccgb.org)**



JEWISH COMMUNITY CENTERS OF GREATER BOSTON  
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