

2026 VALLEY FALLS SWIMMING LESSON REGISTRATION

Please complete a form for each person enrolling in a swimming class and for each class attending.

Keep track of your own selections. Contact will be made if changes are necessary.

Drop off or mail completed forms to City Hall, 417 Broadway, Valley Falls, KS 66088

Include payment when enrolling. Make checks payable to the City of Valley Falls.

Select a Session:

June 22nd - June 26th - Mornings 5 - 45 minute classes - Monday through Friday; Levels 1-5 - \$35

_____ Level 1 is for ages 4 and above - Class time is 30 minutes

Time: (circle preferred class time) 9:30 -10:15 or 10:30 -11:15

June 29th - July 3rd - Mornings 5 - 45 minute classes - Monday through Friday; Levels 1-5 - \$35

_____ Level 1 is for ages 4 and above - Class time is 30 minutes

Time: (circle preferred class time) 9:30 -10:15 or 10:30 -11:15

July 6th - July 10th - Evenings 5 - 45 minute classes - Monday through Friday; Pool will close at 6:30.

_____ Level 1 is for ages 4 and above - Class time is 30 minutes

6:30-7:15 - Levels 1 and 3 (Level 1 ends at 7:00) 7:00 - 7:45 Levels 2 and 4

_____ **Private Lessons** (5 - ½ hour classes \$70) list preference in dates/times including morning/evening. Work with an instructor on a schedule. ****Limited availability**** depending on the number of instructors. **We will do our best to fill all requests, but there are no guarantees. No private lessons will be scheduled the first two weeks the pool is open.**

_____ **Preschool Class - Introduction to Swimming** (3 & 4 year olds that are potty trained) 5 - ½ hour classes - \$35

_____ June 29th - July 3rd @ 7:00pm - 7:30 (limit 10 participants)

_____ July 20th - July 24th @ 6:30pm - 7pm (limit 10 participants)

If there is enough interest, a 2nd class at 7:00 pm will be offered.

Name of Participant: _____

Age: _____

Last Red Cross Swim Level Class and year, (if known) _____

Date of Birth: _____

Did the participant pass this level? Yes or No

Parent/Guardian Contact Information:

Name: _____

Email: _____

Address: _____

Phone #: _____

Emergency Contact Information:

Name: _____ Relationship: _____ #: _____

Contact Info for class cancellations (if different than Parent/Guardian). A text message will be sent to the # you provide.

Name: _____ #: _____

Can we include your child in pictures on the Facebook page - Valley Falls City Pool at Delaware Pointe.

Yes or No

Office Use Only:

Swimming Level: 1 2 3 4 5 Session: JUNE or JULY Time: 9:30;10:30;6:30;7:00

Date Paid _____

Method: Check Cash Card

CK# _____