

**OWEN D. YOUNG CENTRAL SCHOOL
SUMMER/ SWIM LESSON PROGRAMS
INTEREST FORM**

Student name: _____

My child ***Is*** _____ or ***Is not*** _____ interested in attending the **Summer Program**. (Including **both** academics and swim)

- *I understand if attending the summer program that **the district expects my child will attend all sessions** and that they will follow all the rules and expectations.*

My child ***Is*** _____ or ***Is not*** _____ interested in attending **swim lessons only**.

- *If attending swim lessons only there will be no transportation offered by the district.*

This is only an initial request and in the event that the program(s) is operational, individuals will be required to complete a registration contract prior to enrolling your child/children.

These programs are contingent upon sufficient enrollment and **may not** be offered if the enrollment counts are insufficient.

Signature Parent/Guardian

Please return this form to your child's classroom or first period teacher no later than **Friday, April 28th**.