

Woodhaven Lakes Children's Learn to Swim 2026

- * **For ages 6-12.** Swimmers must be 6 years of age, and no older than 12 by July 25, 2026
- * Classes will meet at **Pool Two, Monday - Thursday**
- * Class time: **10 a.m. – 10:50 a.m.**
- * There will be two sessions offered:
- | | |
|---------------------|--|
| Session One: | June 29 – July 9
Party on Thursday July 9 |
| Session Two: | July 13 – 23
Party on Thursday July 23 |
- * Class Fees: **\$40 per child, per session**
 (Note) It is 1/2 price for the third (or more) sibling from the same family.
- * You can register by:
- Coming to the Association Office between 8:30-4:30 Monday-Saturday & 10-2 Sunday
 - Mailing registration form to: Woodhaven Association
Attn: Swimming Lessons
509 LaMoille Rd
Sublette, IL 61367

(Note- Make checks payable to: "Woodhaven Association", please do not mail cash.)

More Information

- All staff members are certified by the American Red Cross as Water Safety Instructors or Lifeguards.
- Swimmers will be instructed using American Red Cross Guidelines. Certificates will be awarded to those completing course requirements for their level.
- Swimmers will be tested on the first day of each session to determine their present ability level.
- Each session is 8 days (7 lesson days and 1 party day).
 - Gate opens: 9:50am, Lesson: 10 – 10:40am, Free time: 10:40 – 10:50
- For additional information or to register, please contact the Association Office, Aquatics Manager Kimber Zitelman ext.141, at (815) 849-5209.
- Each session will be filled on a first come, first serve basis.

Woodhaven Lakes Children's Learn To Swim Registration Form 2026

Swimmer's Name _____ Date of Birth: ____ - ____ - ____

Address: _____

City/Zip: _____ Sec./Lot ____ - ____

Cell Phone: _____ Parent's Name: _____

In Case of Emergency, during the time of classes, please contact:

Name _____ Cell: _____

Address: _____ State/Zip _____

Section: ____ Lot: ____ Relationship to swimmer: _____

Probable location to contact individual: _____

Does the above child have any medical concerns that we should be made aware of? Yes ____ No ____

If yes, please explain: _____

* Sessions your child will be attending (please circle one):

Session 1
June 29th – 9th

Session 2
July 13th – 23rd

My child has participated in Swim Lessons before: yes or no

If yes, where and to what extent: _____

Indicate what level your child has passed if he/she has taken lessons with us before: _____

I hereby give my child permission to participate in Woodhaven Lakes' Swim Lesson program.

Parental signature: _____

Office Staff Initial ____ Mark paid in full ____

For Office Use Only

Name: _____

Session 1: \$40

Sec./Lot ____ - ____

Session 2: \$40

Method of payment: CK ____ CC ____ Cash ____ MO ____

Amount received: _____ Date received: _____

Form update: 03/29/2026