

Private Lesson Makeup Policy

I, _____, understand and acknowledge that swim lessons are booked in packages of six (6) or eight (8) 30-minute sessions. The full class schedule is provided at the time of registration and checkout.

Initials: _____

I understand that only one (1) makeup lesson is permitted for all private lesson packages. This single makeup lesson applies regardless of the reason for the absence, including but not limited to illness, vacations, or other personal circumstances. This is the only makeup opportunity available within the program.

Initials: _____

I agree that if I know in advance that my child will miss a scheduled lesson, I must notify and coordinate with the instructor ahead of time in order to use the allotted makeup lesson.

Initials: _____

I understand that no-shows will not be eligible for a makeup lesson, except in extreme circumstances. Any such circumstances must be communicated as soon as possible after the missed class and will be reviewed at the instructor's discretion.

Initials: _____

I acknowledge that instructors are not responsible for providing additional makeup lessons beyond the one permitted makeup.

Initials: _____

In the event that a lesson is canceled due to weather conditions or an instructor emergency/illness, the instructor reserves the right to schedule a makeup lesson. A minimum of three (3) alternative date and time options will be provided based on pool availability. If I do not coordinate a suitable time from the options provided, I understand that the class will be forfeited.

Initials: _____

I _____ understand and acknowledge that no refunds or partial refunds will be given for any missed or forfeited classes.

Initials: _____

Sibling Double Lesson Policy (If Applicable)

☐ This section applies to my family

I understand that for sibling double bookings, the program will honor the one (1) permitted makeup lesson per child; however, scheduling is dependent on both pool availability and

instructor availability, which may not always align for simultaneous makeup lessons.

Initials: _____

I acknowledge that if a sibling double makeup cannot be scheduled at the same time, makeup lessons may be arranged as back-to-back private sessions so that each child still receives an individual lesson.

Initials: _____

I understand that this may result in an extended visit (up to one hour) at the pool and may involve only one instructor if scheduling does not allow for two instructors at the same time.

Initials: _____

I acknowledge that availability for sibling double makeup lessons is limited, and flexibility is required. If a suitable time cannot be agreed upon, the missed class will be forfeited.

Initials: _____

Shared Custody Policy (If Applicable)

☐ This section applies to my family

I understand that both parents/guardians are responsible for ensuring the child attends scheduled lessons during their custodial time.

Initials: _____

I acknowledge that the program is unable to coordinate scheduling between multiple households beyond the one (1) permitted makeup lesson.

Initials: _____

I understand that custody-related scheduling arrangements must be fully resolved prior to booking lessons, and failure to do so may result in missed classes.

Initials: _____

I understand that if lessons are missed due to custody conflicts or lack of coordination, the paying parent/guardian will forfeit those classes without refund or additional makeup opportunities.

Initials: _____

We strongly recommend once-per-week lesson scheduling for families with shared custody to help minimize missed sessions.

Initials: _____

☐ I have read, understand, and agree to all applicable sections of this Swim Lesson Makeup Policy.

Parent/Guardian Signature: _____

Date: _____