

Roseville Area Schools Community Education Aquatics - Summer 2012

Fairview Pool
1910 County Road B West

Parkview Pool
701 County Road B West

651/604.3770



Red Cross Swim Classes

5-14 years

Red Cross Levels: 1-2=Beg I, 3=Beg II, 4=Adv Beg, 5=Inter, 6=Swim

If a child is registered in the wrong class level, he/she will not be allowed to remain in the class and will be moved to the correct level only if space is available. To have the level tested prior to registration, call (651) 604-3770 for testing times and procedures. Testing will not be available from June 11-15 due to the pool being closed for maintenance.

Beginner I

Students learn to float and kick on front and back, jump into deep water, swim beginner stroke, roll over and kick on back.

Beginner II

Prerequisite: Passing of Beginner I
New skills: front crawl with rhythmic breathing, elementary backstroke, treading water and sitting dive.

Advanced Beginner A

Prerequisite: Passing of Beginner II
New skills: back crawl, breaststroke, scissors and dolphin kick.

Advanced Beginner B

Prerequisite: Passing of Adv. Beginner A. New skills: breaststroke, butterfly and sidestroke.

Intermediate

Prerequisite: Passing of Adv. Beginner B. New skills: tuck and pike surface dives, flip turns and butterfly.

Swimmer

Prerequisite: Passing of Intermediate
New Skills: personal water safety skills, turns and strong emphasis on endurance and stroke refinement.

Parkview Pool - Mornings

June 18 - June 28

9-9:45am	Beg I #81-P1
9:55-10:40am	Beg I #81-P2
10:50-11:35am	Beg I #81-P3

July 9 - July 19

9-9:45am	Beg I #81-P4
9:55-10:40am	Beg I #81-P5
10:50-11:35am	

July 23 - August 2

9-9:45am	Beg I #81-P6
9:55-10:40am	Beg I #81-P7
10:50-11:35am	

Monday - Thursday

Beg II #82-P1	
	Adv Beg A #83-P1
Beg II #82-P2	

Fee \$56

Monday - Thursday

Beg II #82-P3	
	Adv Beg A #83-P2
Beg II #82-P4	
	Adv Beg B #84-P1

Fee \$56

Monday - Thursday

Beg II #82-P5	
	Adv Beg B #84-P2
Beg II #82-P6	
	Adv Beg A #83-P3

Fee \$56

Fairview Pool - Afternoons

June 18 - June 28

1:45-2:30pm	Beg I #81-F1
2:40-3:25pm	
3:35-4:20pm	Beg I #81-F2

July 9 - July 19

1:45-2:30pm	
2:40-3:25pm	Beg I #81-F3
3:35-4:20pm	Beg I #81-F4

July 23 - August 2

2:55-3:40pm	Beg I #81-F5
3:50-4:35pm	Beg I #81-F6
4:45-5:30pm	Beg I #81-F7

Monday - Thursday

Beg II #82-F2	
	Adv Beg A #83-F1
Beg II #82-F3	
	Adv Beg B #84-F1

Fee \$56

Monday - Thursday

Beg II #82-F4	
	Adv Beg B #84-F2
Beg II #82-F5	
	Intermediate #85-F1

Fee \$56

Monday - Thursday

Beg II #82-F6	
	Adv Beg B #84-F3
Beg II #82-F7	
	Swim #86-F1
Beg II #82-F8	
	Adv Beg A #83-F2

Fee \$56

August 6 - August 16

2:55-3:40pm	Beg I #81-F8
3:50-4:35pm	Beg I #81-F9
4:45-5:30pm	Beg I #81-F10

Monday - Thursday

Beg II #82-F9	
	Intermediate #85-F2
Beg II #82-F10	
	Adv Beg A #83-F4
Beg II #82-F11	
	Adv Beg B #84-F4

Fee \$56

Fairview Pool - Evenings

June 18 - July 18

5-5:45pm	Beg I #81-F11
5:55-6:40pm	Beg I #81-F12
No class July 2 & 4.	

Monday & Wednesdays

Beg II #82-F12	
	Adv Beg A #83-F5
Beg II #82-F13	
	Adv Beg B #84-F5

Fee \$56

July 23 - August 15

5:50-6:35pm	Beg I #81-F13
6:45-7:30pm	Beg I #81-F14

Monday & Wednesdays

Beg II #82-F14	
Beg II #82-F15	

Fee \$56

Tots & Preschool - Fairview Pool

June 19 - July 12 **Tue & Thur** **Fee \$48**
 9:20-9:45am **Tots, Preschool & Parents** (9 mo - 3 years) #80-F3
 Minimum one adult in water per child.

July 17 - August 9 **Tue & Thur** **Fee \$48**
 9:20-9:45am **Tots, Preschool & Parents** (9 mo - 3 years) #80-F4
 Minimum one adult in water per child.

June 19 - August 7 **Tuesday** **Fee \$42**
 7-7:25pm **Tots & Parents** (9 mo - 3 years) #80-F1
 Children are accompanied by a parent or adult and learn to enjoy the water.
 Minimum one adult in water per child. No class July 3.

June 19 - August 7 **Tuesday** **Fee \$42**
 7:30-7:55pm **Preschool & Parents** (3 -5 years) #80-F2
 Children are accompanied by a parent or adult to work on water adjustment
 and basic swimming skills: blowing bubbles, kicking, and arm paddling.
 Minimum one adult in water per child. No class July 3.

Introduction to Competitive Swimming - Fairview Pool

June 18 - July 18 **Mon & Wed** **Fee \$65**
 6:50-7:50pm **Ages 9 - 15** #89-F1
 Students must have passed intermediate level or have comparable skills.
 Please call 651.604.3770 with questions. No class July 2 & 4.

Water Exercise - Fairview Pool

June 18 - August 16

Swimnastics **W** **Fees \$48** **Seniors \$43.20**
Swimnastics **M/T/TH** **Fees \$54** **Seniors \$48.60**

A variety of water exercise including some fast paced, wall exercises,
 balance for upper and lower body, stretching, and toning. You must be able
 to maintain balance without assistance for the duration of the class.
 No class July 4.

Monday	#90-F1	9 Sessions	8:30-9:15am
Tuesday	#90-F2	9 Sessions	8:30-9:15am
Wednesday	#90-F3	8 Sessions	8:30-9:15am
Thursday	#90-F4	9 Sessions	8:30-9:15am

Cranky Hinges **Fees \$68** **Seniors \$61.20**

This is a slow paced water exercise. Participants will focus on increasing
 range of motion, flexibility & mobility. You must be able to maintain balance
 without assistance for the duration of the class.

Mon & Wed	#91-F1	17 Sessions	9:30-10am
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Lap & Open Swim May 29 - August 31 Fairview Pool

Pool closed June 11-15, July 4 and the
 evenings of May 29, June 5, July 3 and
 August 14, 21, 28.



Lap Swim

Mon, Wed, Fri	6:30-8:30am
Mon - Fri	11:30am-1:00pm
Tue & Thurs	8:00-9:00pm

Open Swim

adults must accompany children
 under 4' tall in pool

Mon - Fri	10:15-11:15am
Thursday	7-8pm

Fees

Under 18 -	\$3.50/session or \$15.50/5
Over 18 -	\$4/session or \$17/5
Over 60 -	\$3.50/session or \$15.50/5

Private Lessons

Call 651-604-3770 for more information



Roseville
 Area
 Schools

Quality Teaching & Learning for All

Registration Information



Welcome to Roseville Community Ed!

www.ISD623.org/CommEd

Aquatics Program Registration
Fairview Community Center
1910 County Road B West, Roseville, MN 55113
 651/604.3770

Office Hours Monday-Friday, 7:30am-4pm

4 Easy Ways to Register:



Online

www.ISD623.Org
 and click on
 Community Education
 Online Registration



Mail



Walk-in:

Enrichment
 Fairview Community Center
 1910 County Road B West
 Roseville, MN 55113



Fax

to (651) 604-3501

Are You In?

Persons registering online or who provide their email address on the registration form will receive an email confirmation.

Cancellations

Persons registering online or who provide their email address on the registration form will receive an email notification in the case that a class has been cancelled. All others will receive a phone call.

UCare MN

UCare MN members may take a discount of up to \$15 per class. Members must be on UCare at the time of registration and need to include their member ID number on the registration.

Refunds

Refunds can only be issued if requested 1 week prior to the start of class. Refunds are not issued after a class has begun.

- There is a \$5 service charge on participant initiated changes or cancellations.
- Registration account credit will be issued for registrations
- Registrations via credit card will receive a credit back to the card used.

Fee Assistance/Scholarships

We believe everyone should be able to participate in Aquatics classes regardless of ability to pay. Call 604-3770 for more information.

Try Online Registration - it's fast & easy!

www.ISD623.ORG

Click on Community Education Online Registration

You may use this form to register for any class(es) listed in the brochure.

Please fully fill out this form to ensure a complete registration.

Participant Full Name _____ Parent Name _____
 Street Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Mobile/Pager _____
 Emergency Phone _____ Other _____
 Email Address _____
 Male _____ Female _____ Birthdate _____ Age _____

Special health concerns (accommodations, disability, allergy, or special need we should be aware of): _____

1st Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____
 2nd Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____
 3rd Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____

Discounts

Participant's UCare ID# (If applicable) _____ Senior 60 +: Yes / No UCare Member Discount Total \$ _____

Payment Information

Total Registration Amount \$ _____

Cash

Check (Make Checks Payable to Roseville Area Schools)

Credit Card (please fill out info below)

Card Type: _____ Mastercard _____ Visa _____

Authorized Signature _____ Date _____

Cardholder's First Name _____ Card Holder's Last Name _____

Credit Card number _____

Expiration Date _____ 3 Digits on Back of Card _____

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Please fully fill out this form to ensure a complete registration.

Participant Full Name _____ Parent Name _____
Street Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Mobile/Pager _____
Emergency Phone _____ Other _____
Email Address _____
Male _____ Female _____ Birthdate _____ Age _____

Special health concerns (accommodations, disability, allergy, or special need we should be aware of): _____

1st Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____
2nd Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____
3rd Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____

Discounts

Participant's UCare ID# (If applicable) _____ Senior 60 +: Yes / No UCare Member Discount Total \$ _____

Payment Information

Total Registration Amount \$ _____

Cash

Check (*Make Checks Payable to Roseville Area Schools*)

Credit Card (*please fill out info below*)

Card Type: _____ Mastercard _____ Visa _____

Authorized Signature _____ Date _____

Cardholder's First Name _____ Card Holder's Last Name _____

Credit Card number _____

Expiration Date _____ 3 Digits on Back of Card _____

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Participant Full Name _____ Parent Name _____
Street Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Mobile/Pager _____
Emergency Phone _____ Other _____
Email Address _____
Male _____ Female _____ Birthdate _____ Age _____

Special health concerns (accommodations, disability, allergy, or special need we should be aware of): _____

1st Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____
2nd Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____
3rd Choice/Class # _____ Title _____ Dates _____ Time _____ \$ _____

Discounts

Participant's UCare ID# (If applicable) _____ Senior 60 +: Yes / No UCare Member Discount Total \$ _____

Payment Information

Total Registration Amount \$ _____

Cash

Check (*Make Checks Payable to Roseville Area Schools*)

Credit Card (*please fill out info below*)

Card Type: _____ Mastercard _____ Visa _____

Authorized Signature _____ Date _____

Cardholder's First Name _____ Card Holder's Last Name _____

Credit Card number _____

Expiration Date _____ 3 Digits on Back of Card _____