

Enrolment Form

Parent's Name:

Child's Name:

Home Phone:

Work Phone:

Cell Phone:

Does your child go to daycare or school?

Yes No

Does your child have any separation anxiety?

Yes No Unsure

Is your child comfortable in the water?

Yes No Unsure

Can your child put his/her face in the water?

Yes No Unsure

Has your child had any experience that may affect his/her readiness to learn?

Yes No Unsure (If yes, explain)

Has your child had swim lessons before?

Yes No

If yes, where were the lessons taken?

If yes, how long since the last lesson?

Does your child have any health issues that may affect their lessons?

Yes No Unsure (If yes, explain)

What is your child's ribbon level (if any)?

What is your child's Date of Birth?

What is the best time to contact you?

Email address

Home Address

City _____ State _____ Zip _____

Is there anything else we should know?

Signature of Participant or Parent/Guardian

Date