

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 _____