

## **SWIM Central Water Safety Education Questionnaire**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent's Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Has your child ever taken swim lessons? Yes \_\_\_\_ NO \_\_\_\_
2. Can your child roll over and float on his/her back? Yes \_\_\_\_ NO \_\_\_\_
3. Can your child swim to the side of the pool? Yes \_\_\_\_ NO \_\_\_\_
4. Have you taken a Community Water Safety Course? Yes \_\_\_\_ NO \_\_\_\_
5. Is anyone in your household certified in CPR? Yes \_\_\_\_ NO \_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The Mailman Segal Center is required by the Office of Childcare Licensing to distribute and collect the SWIM Central Water Safety Education Questionnaires. Please return this form, with your enrollment paperwork, to the second floor Business Office.*