



SWIM CENTRAL WATER SAFETY EDUCATION
QUESTIONNAIRE

Child Care Program: _____ Date: _____

Child's Name: _____ Age: _____

Parents Address: _____

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

Additional Comments: _____

Please mail or fax this form to: **SWIM Central**
3700 NW 11 Place
Lauderhill, FL 33311
Fax: 954-357-8077
Phone: 954-357-SWIM (7946)

PROVIDERS: You must have documentation that this form has been submitted.
If you faxed this form, write the date you faxed it here: _____
If you mailed the original form, this one should be a **COPY**. Write date mailed here: _____