



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.