



SWIM WITH ME FOUNDATION

PROGRAM FORM

Name of swimmer

Age and sex (m/f) of swimmer

Birth date (day/month/year)

Address

Phone Number of swimmer/ guardian

E-mail address of swimmer/ guardian

Name of an emergency contact

Phone number(s) of an Emergency contact

School Attending

Any allergies?

Any medical conditions?

Any behavioural concerns?

Any physical challenges?

Name of person who will be bringing swimmer to pool

Relationship to the swimmer

Please list all languages spoken at home

How well would you rate the swimmers level of oral communication (in English)?

1 (Poor) 2 3 4 5 (Strong)

Who is making the referral (teacher, school, agency or organization)?

How well would you rate the families level of oral communication (in English)?

1 (Poor) 2 3 4 5 (Strong)

What is the agency or school's name that is making the referral?

Phone Number of person making referral

What size bathing suit does the swimmer need?

6 8 10 12 14 16

or Small Medium Large X-large

E-mail of person making the referral

Any additional comments to help make this a successful experience:

Is a culturally sensitive suit required?

Yes No

Would co-ed classes prevent the student from learning?

Yes No

Would an opposite gender instructor prevent the student from learning?

Yes No

PLEASE NOTE the guardian/adult bringing the swimmer to the lesson is required to stay for the duration of the class. There will be weeks where the adult/guardian will participate in Water Safety Education.