



SWIM CENTRAL WATER SAFETY EDUCATION QUESTIONNAIRE

Child Care Facility: _____ **Date:** _____

Child's Name: _____ **Age:** _____

Parent's Name: _____

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: _____

Please mail or fax this back to: SWIM Central
 3700 NW 11th Place
 Lauderdale, FL 33311
 FAX: (954) 357- 8077

____ I have received SWIM Central water safety information.

____ I have NOT received SWIM Central water safety information.