SWIM Central Water Safety Education Questionnaire

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

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

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: _____

_____

Please mail or fax back to:

Calvary Christian Academy
Attn: Jan Lashbrook
2401 W. Cypress Creek Road
Fort Lauderdale, FL 33309
Fax # (954) 556-4669