

Broward County
Florida

SWIM CENTRAL WATER SAFETY EDUCATION

QUESTIONNAIRE

CHILD CARE FACILITY: Nob Hill Academy

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 this back to: SWIM CENTRAL
950 N.W. 38 STREET
Oakland Park, Florida 33309
954-357-8102 (fax)

BROWARD COUNTY FLORIDA