

SWIM Central Water Safety Education Questionnaire

Parents: Do you know that drowning is the leading cause of death among children? Complete this form to receive information to protect your child from drowning.

Child's Name:	Date of Birth:	
Parent Name:	Parent Signature	Date
Your information is for the use of the Bro 1. How would you rate your own swimm ☐ Unable to swim ☐ Can swim a little, but NOT comfo ☐ Able to swim for an extended pe	ward County Swim Central Prog ing ability? rtable in deep water	
2. Has your child ever received formal sv ☐ Yes ☐ No, check all the reasons below t ☐ Do not know how to find info ☐ Swim lessons are not importa ☐ Schedule of lessons not conve ☐ Equipment such as swim suit,	hat apply: rmation about swim lessons nt enient	 □ Transportation problems □ Lessons are too expensive □ We are too busy
3. Do you or a family member know how to perform CPR with rescue breaths?☐ Yes☐ No		
 4. Has your child's doctor talked to you about drowning prevention and water safety? ☐ Yes ☐ No 		
 Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child? ☐ Yes, visit Water SMART Broward Swim Instruction for details. ☐ No 		
PART ONE FOR OFFICE USE ONLY: Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.		
acility Name: Facility License #:		
Documentation of the original form via fa Date form faxed: or, dat		
	Central	_
3700	NW 11 th Place	
	erhill, FL 33311	
Form and educational handout for parent distribution can be downloaded: Water SMART Broward		