

SWIM CENTRAL Water Safety Education Questionnaire

Date: _____

Child Care Facility: Chai Tots Preschool

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 you 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:

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