

Parent Name & Email:

## Intake Form



Phone Number:

Childs Name:

Date of Birth:

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1. What is your child's experience with Swimming/ Aquatic Environment?
  2. Any Medical Precautions?
  3. Strengths and/ or themes that engage your child in a positive way (make them feel safe, joyful, comfortable)?
  4. Your hopes, dreams, visions for your child? (Please consider 3-4 aquatic goals)
  5. Any bowel issues?
  6. Anything that should be avoided (behavior triggers, fears, etc.?)
  7. What is your availability throughout the Week/ Weekend and in the coming months? Can you consistently make sessions (to ensure proper lesson effectiveness).