

TRINITY DAY CAMP  
101 WEST 91<sup>ST</sup> STREET  
NEW YORK, NY 10024  
(212) 932-6983/4

SWIM QUESTIONNAIRE 2008

Child's Name \_\_\_\_\_ Group's Name \_\_\_\_\_

Circle Child's Age: 4 years or 5 years only.

Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Following is a questionnaire that will be helpful to us in getting to know your children as swimmers. Please complete the form in print and return it to Trinity Day Camp by Monday, June 18th.

1. Has your child previously taken swimming lessons? \_\_\_\_\_

2. If so, were the lessons private or group lessons? \_\_\_\_\_

3. How comfortable was your child in the water?

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4. What skills did your child master (example - face in the water)?

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5. Is there any important information that you would like us to have about your child in relationship to TDC's swimming program?

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