

FALL 2024 SNOEZELEN SWIM REGISTRATION FORM

Client's First Name	Last Name
Client's Date of Birth	
Primary Caregiver's First Name	Last Name
Attending Caregiver's First Name	Last Name
Attending Caregiver's First Name	Last Ivallie
Email Address	Phone Number
Are you a Holland Bloorview Clien	t? □ Yes
Registration	on Day/Time
Wednesdays Adult Relaxation Swim	1:00 – 1:45 p.m.
☐ ALL 8 sessions☐ October 9☐ October 16☐ October 23☐ October 30	□ November 6□ November 13□ November 20□ November 27
Wednesdays Adult Combination Swir	m 2: 00 – 2:45 p.m.
☐ ALL 7 sessions☐ October 9☐ October 16☐ October 23☐ October 30	□ November 6□ November 13□ November 20

Saturdays Children and Youth Relaxation Swim 11:15 - 12:00p.m



□ ALL 8 sessions□ October 5□ October 19□ October 26□ November 2	□ November 9□ November 16□ November 23□ November 30	
Saturdays Children and Youth Combination Swim 12:15 – 1:00 p.m.		
□ ALL 7 sessions□ October 5□ October 19□ October 26□ November 2	□ November 9□ November 16□ November 23	
Private Family/ Group Session (Able to request other sessions noted above for private booking, please contact for details)		
☐ Wednesday November 27 th 2: 00 – 2:45 p.m.		
☐ Saturday November 30 th 12:15 – 1:00 p.m.		
*** When in program, please inform staff of any medical information that may be of importance for the client(s) safety during the session(s)		
CREDIT CARD PAYMENT INFORMATION (Can provide details via phone)		
Type of card		
Name on Card:		
Credit Card Number:		
Expiration Date (mm/yr):		
Disclaimer		

All classes are subject to cancellation if registration is insufficient. A minimum of 3 registered swimmers are needed to run each session. You would be notified of this event and no charge would apply.

All sessions need to be pre-paid before confirmation. Registrations will be processed in the order received.

Method of form submission, email to: snoezelen@hollandbloorview.ca