

# Winter 2026 SNOEZELEN SWIM

## REGISTRATION FORM

**Client's First Name**

**Last Name**

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**Client's Date of Birth**

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**Primary Caregiver's First Name**

**Last Name**

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**Attending Caregiver's First Name**

**Last Name**

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**Email Address**

**Phone Number**

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**Are you a Holland Bloorview Client?** ☐ Yes ☐ No

### Registration Day/Time

Wednesdays Adult Relaxation Swim 1:00 – 1:45 p.m.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> ALL 9 sessions | <input type="checkbox"/> February 11 |
| <input type="checkbox"/> January 14     | <input type="checkbox"/> February 18 |
| <input type="checkbox"/> January 21     | <input type="checkbox"/> February 25 |
| <input type="checkbox"/> January 28     | <input type="checkbox"/> March 4     |
| <input type="checkbox"/> February 4     | <input type="checkbox"/> March 11    |

Wednesdays Adult Combination Swim 2: 00 – 2:45 p.m.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> ALL 9 sessions | <input type="checkbox"/> February 11 |
| <input type="checkbox"/> January 14     | <input type="checkbox"/> February 18 |
| <input type="checkbox"/> January 21     | <input type="checkbox"/> February 25 |
| <input type="checkbox"/> January 28     | <input type="checkbox"/> March 4     |
| <input type="checkbox"/> February 4     | <input type="checkbox"/> March 11    |

Saturdays Children and Youth Combination Swim 11:15am - 12:00p.m (\*\* No sessions on Family day weekend)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> ALL 7 sessions | <input type="checkbox"/> February 21 |
| <input type="checkbox"/> January 17     | <input type="checkbox"/> February 28 |
| <input type="checkbox"/> January 24     | <input type="checkbox"/> March 7     |
| <input type="checkbox"/> January 31     |                                      |
| <input type="checkbox"/> February 7     |                                      |

Private Family/ Group Session (Able to request sessions noted above for private booking, please contact for details)

\*\*\* 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:	<input type="text"/>
Name on Card:	<input type="text"/>
Credit Card Number:	<input type="text"/>
Expiration Date (mm/yr):	<input type="text"/>

### 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 completed form to:

[snoezelen@hollandbloorview.ca](mailto:snoezelen@hollandbloorview.ca)