Holland Bloorview
Kids Rehabilitation Hospital

Fall 2026 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

Email Address	Phone Number

Are you a Holland Bloorview Client? ☐ Yes ☐ No

Registration Day/Time

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

☐ ALL 8 sessions
☐ October 14
☐ October 21
☐ October 28
☐ November 4
☐ November 11
☐ November 18
☐ November 25
☐ December 2

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

☐ ALL 8 sessions
☐ October 14
☐ October 21
☐ October 28
☐ November 4
☐ November 11
☐ November 18
☐ November 25
☐ December 2

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

- ☐ ALL 7 sessions
- ☐ October 17
- ☐ October 24
- ☐ October 31
- ☐ November 7
- ☐ November 21
- ☐ November 28
- ☐ December 5

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:
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 completed form to:

snoezelen@hollandbloorview.ca