



Group Swim Instruction Family Questionnaire - 2025

Family Name: _____

Family Address: _____

Contact Name: _____

Contact Phone #: _____

Contact Email: _____

Swim Instruction Program:

- How many family members are interested?
 - # of Preschool _____
 - Level of Swim Experience? _____
 - # of School Age _____
 - Level of Swim Experience? _____
 - # of Teenagers _____
 - Level of Swim Experience? _____
 - # of Adults _____
 - Level of Swim Experience? _____
 - # of Seniors _____
 - Level of Swim Experience? _____
- Best days and times?
 - M T W Th F Sa Su
 - AM: _____
 - Midday: _____
 - PM: _____

Please note that while we'll do our very best to accommodate everyone's preferred schedule, we are coordinating with multiple families. As such, schedules will be set based on what best serves the majority of responses received.