

Country Day Summer Camp Swim Survey

Please complete and return this questionnaire on or before the first day of camp for your child.

The lifeguards and instructors will need to assess your child's swimming ability. Please check what best describes your child's swimming ability. Add any comments that will be helpful in making swim time a positive experience for your camper!

Child's Name _____

Birthdate _____ Age _____

My child will be attending camp the weeks of:

Week 1 June 7-11	Week 2 June 14-18	Week 3 June 21-25	Week 4 Jun-Jul 28-2	Week 5 Jul 5-9
Week 6 July 12-16	Week 7 July 19-23	Week 8 July 26-30	Week 9 Aug 2-6	Week 10 Aug 9-13

Choose all that apply:

- My child loves to swim.
- My child can swim across a pool unassisted.
- My child can swim short distances with assistance.
- My child enjoys swimming and swims with aids (water wings, floaties, etc...)
- My child CANNOT swim.
- My child is afraid to put their face in the water.
- My child cries about swimming.
- My child swims well and takes swim lessons.
- My child swims well- but has had NO swim lessons.
- My child swims well and has completed level _____ of the Red Cross swim program.

Parent's comments;