

WINTER 2025 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.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> ALL 9 sessions | <input type="checkbox"/> February 5 |
| <input type="checkbox"/> January 8 | <input type="checkbox"/> February 12 |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> February 19 |
| <input type="checkbox"/> January 22 | <input type="checkbox"/> February 26 |
| <input type="checkbox"/> January 29 | <input type="checkbox"/> March 5 |

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

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> ALL 9 sessions | <input type="checkbox"/> February 5 |
| <input type="checkbox"/> January 8 | <input type="checkbox"/> February 12 |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> February 19 |
| <input type="checkbox"/> January 22 | <input type="checkbox"/> February 26 |
| <input type="checkbox"/> January 29 | <input type="checkbox"/> March 5 |

Saturdays Children and Youth Combination Swim 11:15am - 12:00p.m (* no sessions Family Day weekend)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> ALL 8 sessions | <input type="checkbox"/> February 1 |
| <input type="checkbox"/> January 4 | <input type="checkbox"/> February 8 |
| <input type="checkbox"/> January 11 | <input type="checkbox"/> February 22 |
| <input type="checkbox"/> January 18 | <input type="checkbox"/> March 1 |
| <input type="checkbox"/> January 25 | |

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 to: snoezelen@hollandbloorview.ca