



SHORKEY CENTER
serving children with special needs



2007 Aquatic Program Enrollment Form

Each session is to be paid before session begins.

CLIENT'S NAME	BIRTHDATE/AGE/GENDER	SCHOOL	GRADE
ADDRESS	CITY/ZIPCODE	HOME PHONE	
MOTHER'S NAME	EMPLOYER	WORK PHONE	
FATHER'S NAME	EMPLOYER	WORK PHONE	
LEGAL GUARDIAN (If Other Than Parent)	EMPLOYER	WORK PHONE	
EMERGENCY CONTACT	EMERGENCY PHONE	OTHER PHONE	

The following information is for statistical use only. (optional)

Gender: Male / Female (circle one)	Race/Ethnicity: (circle one) Caucasian African-American Asian Hispanic Multi-race American-Indian	Socio-Economic Status: (circle one) Low Income (household income \$0 - \$30,000) Middle Income (household income \$30,001 - \$85,000) Upper Income (household income \$85,001 and up)
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Please check area of enrollment: (one box must be checked) - \$25 Deposit is required

- Swim Lessons Adaptive Aquatics OT/PT Therapy

CURRENT MEDICAL INFORMATION

Precautions	
Medications	
Past Medical History	
Physician	PHONE:

OTHER INFORMATION

Release liability attached

SESSION	TYPE CLASS	CLASS TIME	DEPOSIT	BALANCE DUE

Dressing facilities, bath and showers are available. Please have your child ready prior to their scheduled time and wait in the aquatic waiting area just outside pool door. All children must be potty trained or wear a swim diaper/plastic pant. Please sign in with the receptionist.