

SUMMER 2025 SNOEZELEN SWIM

REGISTRATION FORM

Client's First Name	Last Name
Client's Date of Birth	
Primary Caregiver's First Name	e Last Name
Attending Caregiver's First Nar	me Last Name
Email Address	Phone Number
Email Address	Filone Number
Are you a Holland Bloorview C	lient? 🗌 Yes
R	egistration Day/Time
Sundays Children and Youth Rel weekend)	axation Swim 11:45am - 12:30p.m (* no sessions Civic Holiday
☐ ALL 7 sessions	☐ August 10
☐ July 6	☐ August 17
☐ July 13	☐ August 24
☐ July 20	
☐ July 27	
Sundays Children and Youth Co Holiday weekend)	mbination Swim 12:45p.m - 1:30p.m (* no sessions Civic
☐ ALL 7 sessions	☐ August 10
☐ July 6	☐ August 17
☐ July 13	☐ August 24
☐ July 20	
☐ July 27	

Wednesdays Adult Relaxation Swim 1:00 – 1:45 p.m.		
☐ ALL 8 sessions	☐ July 30	
☐ July 2	☐ August 6	
☐ July 9	☐ August 13	
☐ July 16	☐ August 20	
☐ July 23		
Wednesdays Adult Combination Swim 2: 00 – 2:45 p.m.		
☐ ALL 8 sessions	☐ July 30	
☐ July 2	☐ August 6	
☐ July 9	☐ August 13	
☐ July 16	☐ August 20	
☐ July 23		
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:		
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.		

Method of form submission, email to: snoezelen@hollandbloorview.ca

All sessions need to be **pre-paid** before confirmation. Registrations will be processed in the order received.