



Student Registration

Parent Name

First

Last

Child(rens) Name(s)

Phone

Email

Date

Requested Time

Morning Afternoon Late Afternoon

Requested Day

Monday Tuesday Wednesday Thursday Friday Saturday (SD) Sunday

How did you hear about Special Fishies? (if referred please list name)

Medical Information

Medical Diagnosis

Does your child/children have any allergies?

Does your child/children have other medical concerns?

Does your child/children exhibit aggressive behavior? If yes, please explain.

Communication

Expressive Language

Uses visual schedule

Social interests and other

Please list any other Interests.

Please list some things that work to positively reinforce behaviors.

Please list some things that might present as fears/dislikes.

Do you have any behavioral strategies that you would like to share?

Would you like any specific speech or communication worked on during swim lessons? If so, what specifically?

Any other areas to work on during swim lessons? Aquatic Strengthening, Aquatic Freedom, PT Goals, OT Goals, Socialization, Coordination, Conditioning, etc.

Please make sure to read and submit the [Liability Release / Waiver](#) and the [Policy & Procedure Agreement](#).