



Submission Date _____

Quest Swims Preliminary Application

Please complete this form and submit it with all other supporting materials. Applicants will be contacted once the form is reviewed. Quest Kids will make every attempt to provide assistance.

Child's Full Name _____ Date of Birth _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Diagnosis _____ Date of Diagnosis _____

Please specify medical conditions (ex: seizures, cerebral palsy, pica, g-tube, hearing/ vision impaired, etc.) _____

Is your child potty trained? Yes No

Behaviors/Areas of Concern _____

Days/Times Preferred _____

Has your child taken any previous swimming lessons? Yes No

Mail or fax completed application to: Quest Kids
500 E. Colonial Dr.
Orlando, FL 32803
407.218.4303