



Aquatic Programs Application

Last Name _____ First Name _____ Date ___/___/___

Street Address _____ Apt No _____ City/Town _____ Zip _____

Day Time Ph# (____)____-____ Evening # (____)____-____ Cell#(____)____-____

Email Address _____ Date of Birth ___/___/___

Internet Access: Yes No

Gender: Male Female

Have you participated in any swim program before: Yes No

If yes, how long ago: _____

Culture/ Ethnicity:

Asian Black/African American Hispanic Caucasian/White
Other _____

Primary Language spoken at home:

English Chinese Polish Spanish Vietnamese Italian Portuguese
French Other _____

Education:

None High School College Other _____

Housing Status:

Living With Family Living in shelter Rent Own living with friends
Homeless, in Shelter Others _____

Employment Status:

Full- Time Part-Time Self Employed Not Employed Retired
Student Others _____

Insurance Status:

- Public Insurance (MA. Health, Medicare, Commonwealth, etc)
- Commercial Insurance (Blue Cross/Blue Shield, Harvard Pilgrim, etc)

Regular Source of Health Care

- Bowdoin Street Health Center
- Codman Square Health Center
- Dorchester house multi- service Center
- Other community health center in Boston
- School Based Health Center
- Hospital-Based Clinic
- Family/ Friend
- Other agency_____

Referral Sources:

- Bowdoin Street Health Center
- Codman Square Health Center
- Dorchester house multi- service Center
- other community health center in Boston
- School Based Community Center
- Department of Youth Server
- School
- Family/ Friend
- other agency_____

Parents/Guardian Information 1

Parent/Guardian Name_____

Relationship to child: _____

Phone Number : (____) _____ - _____

Work: (____) _____ - _____

Cell : (____) _____ - _____

Parents/Guardian Information 2

Parent/Guardian Name_____

Relationship to child: _____

Phone Number : (____) _____ - _____

Work: (____) _____ - _____

Cell : (____) _____ - _____

Emergency Contact Name_____

Relationship to child: _____

Phone Number :(____)____-_____

Work: (____) _____ - _____