

Autism Alliance of MetroWest A Program of Advocates Inc,  
In Collaboration with the Sheraton Framingham Hotel and Conference Center

## Winter 2018 Swim Program Registration

Sheraton Framingham 1657  
Worcester Road Framingham

**Time: 4:15pm -5:00pm**

**Cost: \$160.00**

**Thursday Group: Ages 4- 8 years old**

**Jan 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>; Feb 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup> and March 1<sup>st</sup> & 8<sup>th</sup>**



**Instructors are RED CROSS CERTIFIED**

This eight week program is geared to children with autism specifically and is designed to assist your child at his/her rate of progress and comfort level. Children must be toilet trained.

**PARENTS or AIDES are REQUIRED to accompany children in the pool**

Flotation devices if needed, are to be provided by parents



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Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Best phone number to be reached: Phone\_(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ ( please print clearly)

Please describe your child, their ability/ level and your goal for your son/daughter this session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A check for \$160.00 must be received to secure a space.

**Space is LIMITED**

Send this completed registration form along with a check made out to:

The Autism Alliance of MetroWest  
1881 Worcester Road Suite 100A  
Framingham, MA 01701  
C/O Allison Daigle

**\*Age grouping are subject to change based on those enrolled. We will email to confirm your registration was accepted. If you don't hear back from us feel free to call #508-652-9900**