

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

Fall 2016 Swim Program Registration Form



Sheraton Framingham 1657 Worcester Road Framingham

Time: 4:15pm -5:00pm

Cost: \$180.00

Thursday Group: Ages 4- 8 years old

Sept 29th; Oct. 20th, 27th; Nov 3rd, 10th, 17th; Dec 1st & 8th

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



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 \$180.00 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**