

## Aqua Buddies will help your child:

- Swim more safely
- Strengthen core muscles
- Relax in the water
- Improve overall coordination
- Learn basic swim strokes

## Testimonials

“My son has gained confidence in the water and the program promotes his abilities rather than focusing on his disabilities” Lisa Joseph, parent

“Kelly and Deb are great! They really care about my daughter and her progress. Kayla’s actually swimming without a vest, and is more confident and comfortable in the pool. She really benefits from Aqua Buddies’ personalized OT-based instruction and she’s having FUN!” Heather Shannon, parent

“We love it here, Kelly is the absolute best. Not only is she knowledgeable with the workings of the body, but each ones special need, which sometimes are many. She manages somehow to give each child special attention. All with tender care, kindness and patience and always lots of fun. Jaymie Gaspari, parent

“Joey loves the program. Looking forward to the next session.” Bill Jewell, parent

“After being told by other swim instructors that my daughter simply ‘wasn’t trying’, it was a relief to find an instructor who understood the nature of her challenges. She has made more progress in two months of Aqua Buddies than in a year of regular private swim instruction” Lisa Slager, parent

## Directions

Rehab Connection’s Cherry Hill Office

- From North or South: Take I - 295 to exit 34 A. Continue on Rt. 70 east to 3rd light (Springdale Road.) Turn right and continue one mile to JCC on the left (at the corner of Kresson Road.)



# AQUA BUDDIES SWIM PROGRAM 2014

## AQUA BUDDIES

50 East Gloucester Pike  
Barrington, NJ 08007

Ask for Debra Lischak  
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# About Aqua Buddies

Since 2002, Rehab Connection has offered Aqua Buddies Swim Program to the community with three sessions per year. The Aqua Buddies Swim Program was created to teach children with special needs to learn how to swim. All sessions are group classes and instructed by a licensed physical and/or occupational therapist. Children above the age of 2 are welcome. Our JCC location allows children not potty trained to attend with a swim diaper. **We require that a parent or guardian accompany the child in the pool for instruction and carryover.**

The Aqua Buddies Swim Program has received a small yearly community grant from the New Jersey Pediatric Patients' Charitable Trust Fund, Inc. This grant allows qualified participants to receive a reduction in the cost of each session. The grant money will be available on a first come first serve basis to children who qualify under this organization. The web site for the grant is [www.sjkidstrust.com](http://www.sjkidstrust.com) and has the qualifying information listed. If you are eligible for the grant, please contact us to determine your modified session rate.

## DATES AND TIMES FOR 2014

At Rehab Connection's  
Cherry Hill office at the KATZ JCC  
1301 Springdale Road  
Cherry Hill NJ 08003

### TUESDAYS

4:45–5:45 Advanced Beginner class  
5:45–6:45 Intermediate class

SUMMER 2014 SESSION (5 weeks)  
July 8th to Aug 5th

FALL 2014 SESSION (12 weeks)  
To be determined

### THURSDAYS

4:45–5:45 Beginner class (small pool)  
5:45–6:45 Advanced Beginner class

SUMMER 2014 SESSION (5 weeks)  
July 10th through August 7th

FALL 2014 SESSION (12 weeks)  
To be determined

\* Dates and times are subject to change

Rehab Connection 50 East Gloucester Pike Barrington, NJ 08007 Make checks payable to Rehab Connection	Please check which session of classes you will be joining Spring 2014    Summer 2014    Fall 2014 \$360.00        \$150.00        \$360.00 Due by Feb 1st    Due by June 30th    Due by Sept. 1st DOB / Age: _____
Child's Name: _____ Address: _____ Phone: _____ E-mail: _____ Emergency contact: _____	Parents' Name (s) _____ Emergency number: _____
Check time preference Tuesdays <input type="checkbox"/> 4:45 pm <input type="checkbox"/> 5:45 pm Thursdays <input type="checkbox"/> 4:45 pm <input type="checkbox"/> 5:45 pm	Check time preference Tuesdays <input type="checkbox"/> 4:45 pm <input type="checkbox"/> 5:45 pm Thursdays <input type="checkbox"/> 4:45 pm <input type="checkbox"/> 5:45 pm
I give permission for _____ to participate in Rehab Connection's Aqua Buddies Swim Program.	
*** Briefly describe diagnosis and swimming skill level: _____	
_____ Parent / Guardian's signature	