

## Prep Swimming Program December 2017

Dear Parents,

8<sup>th</sup> November, 2017

We will once again be offering a swimming program for the Prep grades from 4<sup>th</sup> December till 8<sup>th</sup> December. The children will be taught in small groups by qualified instructors. As with previous years, the children will receive 5 x one hour lessons over five consecutive days.

Dates	Group	Swimming Groups	Lesson Times
December 4 <sup>th</sup> – 8 <sup>th</sup>	1	001, 002, 005	9.30 – 10.30 a.m.
	2	004 & 003	10.30 – 11.30 a.m.

**THE TOTAL COST OF THE PROGRAM IS \$ 58.00**

The school calculates the cost of the program by balancing instructor and bus costs, and the pool entry fee. We have still kept it to an absolute minimum, in order to encourage as many children as possible to participate. As you can appreciate, unless most children attend, the program becomes unmanageable because of the need to supervise children at the pool and at school and because of increasing bus costs. If an overwhelming majority do not participate, we will have to withdraw the program. This would be regrettable as we consider the program as an extremely valuable part of our school curriculum.

Parents are welcome to attend lessons during the program but are required to pay a spectators fee.

Due to the implementation of Child Safe Standards where children have the right to be safe and protected at school, your child will be changing in specific boys and girls change areas (tents) and not the pool change rooms.

We also need parents to travel on the bus with each group, both to and from the pool. Parents are required to have a **Working with Children's Check** to participate as a helper. Applications for a WWCC can be registered on <https://online.justice.vic.gov.au/wwccu/onlineapplication.doj>. Assisting with the program may require a time commitment of approximately 2 hours (e.g. *Travel time to the pool from 9.00 - 9.30a.m. - Lesson time 9.30 - 10.30a.m. and travel time back to school 10.30 - 11.00am.*). Please indicate on the parent helper slip if you can assist.

**At this stage it is essential that we finalise numbers. Please return the permission form together with payment and parent helper form to the classroom teacher or mailbox outside the office by Monday 27<sup>th</sup> November so we can organise times, groups and helpers.**

**If your child is not participating in the program please indicate on the form and return it to school.**



Trish Enzinger  
Principal

Fred Vander Werf  
Assistant Principal

## Swimming Program – 2017 Permission Form



Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dates for the swimming programs are:

**Monday 4<sup>th</sup> December to Friday 8<sup>th</sup> December  
001, 002, 003, 004 & 005**

I consent to my child attending swimming instruction at the Kilsyth Centenary Pool and enclose full payment of the program **\$58.00 (per child)**.

Payment Method: Cash / Cheque / QKR \_\_\_ / \_\_\_ / 2017 (date paid)

My child **will NOT** be participating in the Swimming Program for 2017.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature: \_\_\_\_\_  
Parent/Guardian

**Please return this section by Monday 27<sup>th</sup> November, 2017 to the classroom teacher**

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## Parent Helper for Prep Swimming Program 2017

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I am available to help with the swimming program. I understand I will be needed for 2 hours ( $\frac{1}{2}$  hour each side of lesson).

Parent's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Dates available (please specify each date/s): \_\_\_\_\_

I hold a current Working with Children's Check and have / will produce it at the school office.

I have applied for a Working with Children's Check and will produce a copy of the card to the school office by the 27<sup>th</sup> November 2017.

I would prefer to be travel on the bus / drive myself to the pool. (please circle preference)



**Please return this section to the office by Monday 27<sup>th</sup> November, 2017**

# Intensive Swimming Program Asthmatics

To be completed by parents of children who are asthmatics.



Child's Name: \_\_\_\_\_

*(Please tick appropriate box)*

1. Will medication be required?      YES       NO   
*(If YES complete the following)*
2. Will medication be required?      Occasionally       Daily
3. Will medication be      Before       During       After   
swimming?
4. Who will be responsible for medication?      Teacher       Child

To assist teachers, parents should supply such inhalations, tablets and syrups in a container on which is clearly stated the name of the child, the dosage, and times the medication is to be given. The name of the medication should be clearly marked on the container.

5. My doctor has no objection to my child participating in the Intensive Swimming Program.

\_\_\_\_\_  
Parent/Guardian