Dear Parents/Guardians,

Pascoe Vale Primary School will be conducting a swimming program at Elite Swimming this term for Grade 1-4 students only. The sessions will be conducted between Monday 20th February - Thursday 23rd February (1st week) and Monday 27th February – Thursday 2nd March (2nd week)

Class sizes will consist of no more than 6-7 students to allow for maximum teacher/student time during the lessons. We will be sorting ability groups before the program commences to reduce confusion of groups once the program starts.

Swimming is part of the Victorian Curriculum and an integral part of our program. We encourage all students from grades 1-4 to attend. It is a fantastic opportunity for students to further strengthen their swimming skills and independence in an environment surrounded by friends.

VENUE: Elite Swimming Pascoe Vale

DATE: MONDAY TO THURSDAY
Grade 1-4 students
Lesson week 1: Beginning Monday 20th February to Thursday 23rd February 2017.
Lesson week 2: Monday 27th February to Thursday 2nd March 2017.
40 min lesson. Timetable to be advised.

COST: The total cost for two week intensive program (8 sessions) is $80.00.
This money is to be paid NO LATER THAN THURSDAY February 9th 2017.
There will be NO REFUNDS if children do not participate in the swimming program on a particular day.

PAYMENT: Cash/Cheque to be put into a completed school payment envelope and given to your child’s teacher.
Direct deposit is available - BSB: 063 161 Acct No: 1002 9219.
C’Wealth Bank - Reference: Family Name - Swimming.

TO BRING: * Bathers * Towel * Goggles / Cap (optional) * Brush / Comb and a swimming bag clearly marked with your child’s name.

Health Considerations:
In the interest of community health, children with throat or ear infections, papillomas or other contagious infections should not enter the pool until they are recovered. Please instruct your children to ONLY USE their OWN brush/comb, cap and towel.

Yours sincerely,

Kristina Karagiannidis
Susan Smith
SWIMMING CO-ORDINATOR PRINCIPAL

- Please complete the attached medical form and return it to your child’s teacher with payment in a SCHOOL PAYMENT ENVELOPE or by direct deposit by Thursday 9th February 2017.
- A payment envelope MUST be filled in for each child, however payment can be included in one envelope, please read and fill in the envelope correctly.
- Please note, a separate medical form must be filled in for each child.
- If you have not informed us by 9th February that your child is attending, they will be unable to take part in the program. We hope you support us by permitting your child to attend.
- Parents are more than welcome to attend. However parents must have a Working With Childrens Check and make their own travel arrangements.
2017 Indoor Swimming Program
PERMISSION/MEDICAL FORM
(a separate form must be filled in for each child)

I consent to my child ___________________________ in Grade ______ attending the 8 lesson Swimming Program at Elite Swimming Pascoe Vale and provide all relevant medical information.
My child has ___________ years experience in swimming lessons.

Please provide details if your child suffers from any of the following:

- Epilepsy ___________________________
- Heart Condition ___________________
- Ear Disorder ______________________
- Allergies __________________________
- Asthma ____________________________

If your child suffers from any of the above, please contact your child’s teacher, as we require further information from your child’s doctor.
Other relevant medical information. ______________________________________________________
____________________________________________________________________________________

Parent’s Names: (Mum):_________________________ (Dad) __________________________

Home Address: ________________________________________________________________

Telephone Numbers (Home)___________________________ (Work)________________________

(Mobile - Mum) ________________________ (Dad) ________________________

Emergency Contact Name and Phone Number: ______________________________
( other than parents )

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

Signed Parent/Guardian:____________________________ Date:___/__/17

SWIMMING PROGRAM 2017

I give permission for my child ___________________________ Grade_____ to participate in the swimming program and enclose:

Please tick the relevant box: Full Payment of $80.00 paid by:

☐ Cash
☐ Cheque
☐ Direct Deposit

Signed Parent/Guardian: __________________________ Date:___/__/17