

WANDIN YALLOCK SWIMMING PROGRAM



Grade P - 6 October 3rd - 7th 2016

Kilsyth Centennial Swimming Pool



Dear Parents/Guardians,

Our very successful Swimming Program is planned for the first week of Term 4. This is a daily, intensive swimming program where the students travel by bus and participate in a 1 hour group swimming session. We consider it an important component of our Phys Ed Program and therefore expect all children to participate. Australia has many pools, lakes, rivers, creeks, dams and oceans and it is therefore imperative that all our children are confident and competent enough to safely enjoy the leisure activities associated with water.

Grades Prep to 4: The Kilsyth Centenary Pool follows the Royal Life Saving "Swim and Survive" program. A high quality, structured learning program, specifically developed for comprehensive aquatic education. All levels include a balance of swimming skills and survival skills.

Grades 5 & 6: The Kilsyth Centenary Pool program runs a specifically designed program for grade 5 and 6 students as an alternative to regular swimming lessons, using experienced trained instructors. The program incorporates alternate activities such as snorkelling, water polo, clothed survival swims, introduction to CPR, games and inflatables.

Certificates will be issued to all students at the end of the program.

Costs: Prep - 6: \$79

The cost of the program has increased slightly this year due to increases in costs of the bus transport, pool entry and lessons with qualified instructors.

Please return the permission form and money to school by Wednesday September 7th 2016.

Kind regards,
Trevor Vass
Principal



WANDIN YALLOCK PRIMARY SCHOOL SWIMMING PROGRAM

Grade P - 6 October 3rd -7th 2016 Kilsyth Swimming Pool

The Principal
Wandin Yallock Primary School

I GIVE/DO NOT GIVE (*cross out as appropriate*) give permission for my child _____
Grade _____ to attend Swimming Program at Kilsyth Centenary Swimming Pool on the 3rd – 7th October 2016 travelling by bus.

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian’s Name: _____ Contact No.: _____

Parent/Guardian’s Signature: _____ Date: _____

Medical Information - Please tick if your child suffers any of the following:

- Asthma
- Anaphylaxis
- Travel sickness
- Other: _____

Medication

Is your child taking any medicine(s)? Yes No
If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication including details of child’s name, dosage and time taken must be given to the teacher-in-charge.

This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions.

Parents:

I am available to help with supervision at the pool:-

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please select Payment Method

(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included).

- Please take payment of \$79 from my account **which is in credit.**
- Please take payment of \$79 from my **Camps, Sports, Excursion Funding** (*Approved recipients only*).
- I enclose a deposit of \$_____ and will pay the balance of \$_____ by Wednesday 7th September.
- I enclose \$79.
 - Payment by cheque – (made payable to ‘Wandin Yallock Primary School’)
 - Payment by cash or EFTPOS at office
- Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL
BSB: 633 000 Account: 117 554 592
Please use the Parent Family Name and what payment is for when entering your details.
- \$79 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: _____

Expiry Date: ____/____

Amount: _____ Name as appears on Credit Card: _____

Cardholders Signature: _____