2016 YEAR 6 SWIMMING PROGRAM

Dear Parents/Carers,

The intensive swimming program for students in Year 6 commences on Tuesday 26th April 2016 and runs daily until Friday 6th May 2016. The program, held at Paul Sadler Swimland Rowville, consists of 9 x 30 minute lessons. Trained pool staff will teach students in groups of 10 or less in the indoor heated pool.

We encourage all students to participate. The cost is $90.00 which covers pool admission and instruction. Unfortunately part payments cannot be accepted.

Refunds cannot be given unless your child misses a week or more of lessons and then only if a medical certificate covering the dates of the missed sessions is provided to the Business Manager with a completed Refund Application Form (available from the office) within 21 days of the event. Refunds cannot be provided for change of mind, family holidays etc.

In addition to the standard permission form, parents of children who suffer from epilepsy must provide a letter of approval written by their doctor. These children must be accompanied by an adult to supervise them at all times.

Parents of children who suffer from asthma must provide written consent which "indicates that their doctor has no objection to the child participating in swimming activities". Complete this section on the permission note if your child suffers from asthma and ensure that your child has medication with him/her. We now require these conditions to be met by law.

If you have any queries regarding your child’s participation in this program, please contact us at school on 9764 1955.

Parent helpers assisting with the Swimming Program will be required to hold a current Working With Children Check and ensure this is on file at the office prior to the commencement of the program.

Please complete the attached form and return it with payment of $90.00 no later than Wednesday 23rd March, so that groups and staff can be organised and instruction tailored to our students needs.

Sue Macdonald
Physical Education Leader

Stuart Boyle
Assistant Principal

2016 YEAR 6 SWIMMING PROGRAM

Please return to your child’s teacher by Wednesday 23rd March 2016

CHILD’S NAME: .......................................................... GRADE ............... has my permission to participate in the Year 6 swimming program from Tuesday 26th April to Friday 6th May. I enclose $90.00.

I acknowledge that refunds cannot be given unless my child misses a week or more of lessons and then only if a medical certificate covering the dates of the missed sessions is provided to the Business Manager with a completed Refund Application Form (available from the office) within 21 days of the event. Refunds cannot be provided for change of mind, family holidays etc.

My child has private lessons: Yes / No

Student behaviour

I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

Student accident insurance

I acknowledge that the Department of Education and Early Childhood Development does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Medications

☐ My child is currently taking medication - Please provide the name of medication, dose and describe when and how it is to be taken.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

☐ Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.

☐ Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

☐ Provide parent/carer phone numbers to an authorised leader/supervisor in case of an emergency.

I further agree that in the event of any expenditure necessarily and properly incurred by the school to preserve the health, safety or well-being of my child, I will reimburse the school to the full extent of such expenditure.

Name of Parent/Carer A: .................................................................................................................. Signature .......................................................... Date .................................

Phone Numbers (M).................................................. (H) .......................................................... (W) ..................................................

Name of Parent/Carer B: .................................................................................................................. Signature .......................................................... Date .................................

Phone Numbers (M).................................................. (H) .......................................................... (W) ..................................................

PLEASE COMPLETE IF YOUR CHILD SUFFERS FROM ASTHMA

My child suffers from asthma. Our family doctor has been consulted and has no objection to ........................................................................................................ participating in this swimming program. Parent/Carer’s Signature ........................................................................................................ Date .................................

☐ I enclose $90.00

METHOD OF PAYMENT: ☐ Cash ☐ Cheque ☐ Credit Card (complete details below)

☐ BPAY Receipt #.................................................. Transaction Date ........................................(must be three days prior to due date)

PLEASE DEBIT MY CREDIT CARD

☐ MASTER CARD ☐ VISA AMOUNT: $90.00

(Please note: American Express & Diners Club not accepted)

CARD NUMBER: .......................................................... Expiry Date: / /

CARD HOLDER’S NAME (Please Print) CARD HOLDER’S ADDRESS (Please Print) CARD HOLDER’S SIGNATURE DATE

A swimming timetable will be sent out after groups have been organised.