Warnervale Public School
School Swimming Scheme

Dear Parents/Caregivers,

Arrangements have been made to include a ‘learn to swim program’ in our school curriculum.

The Department of Education and Communities School Swimming Scheme is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. The scheme is conducted over ten days. Each daily lesson is 40 minutes. Lessons are free. However, bus fare and pool entry fee have to be paid for each day by the students. No refunds can be given for missed lessons.

The scheme focuses on all students in Years 2-6. Students will learn water safety and survival skills. Students with basic swimming skills will be offered extension programs on stroke techniques/development.

Students will be assessed on the first day of the program and placed into appropriate skill level groups. Students will again be assessed during the School Swimming Scheme for all water safety skills without wearing goggles.

We have been offered three sessions this year. The first session will be for Year 2 and the next two sessions will be for 3-6 students. There are only have 60 places for each session and they will be allocated on receipt of payment. Please complete and sign the attached form below and return it as soon as possible to ensure your child does not miss out. Once the 60 places for each session have been allocated, no more children will be able to attend.

**Where:** Toukley Pool

**When:** 3rd November - 14th November (10 day program)

**Who:** Years 2-6

**Cost:** $55.00

**Time:**
- **Year 2 Session 1** - 11:15am - 12:00pm
- **Stage 2 Session 2** - 12:00pm - 12:45pm
- **Stage 3 Session 3** - 1:00pm – 1:45pm

**Transport:** Bus

Students should wear a swimming costume under their school uniform, and bring a towel and underwear in a separate plastic bag to get changed back into for their return to school. Students are also encouraged to bring their own goggles.

**Asthma and Medical Information**
- Any medication please label and include instructions and hand to Ms Howick
- Complete the medical information on permission slip
- All teachers have Emergency Care and CPR training

**Due Dates**
- Permission note to be returned by Wednesday 22nd October, 2014.

Renee Howick
Swim School Coordinator

Jill Carter
Principal

Date note issued: Wednesday 17th September, 2014
Warnervale Public School: School Swimming School

I give permission for my child _______________ of class ______ to travel by bus to attend the School Swim Scheme at Toukley Pool on Monday 3rd November to Friday 14th November 2014. I understand that the bus will be departing Warnervale Public School at approximately 10:30am (session 1) 11:20am (session 2) 12:20pm (session 3).

My child has the following medical and asthmatic needs (please provide full details and include any relevant medical details)
____________________________________________________________________________________

Parent/Caregiver name: ____________________ Signature: ___________________ Date:___________

Water or swimming activities - advice

The excursion will involve the following water or swimming activities: **floating on tubes, water relays, and swimming**

These activities will take place at: **Toukley Indoor Pool**.

The swimming school will provide the following flotation devices to students who may require assistance in the water: **Noodles, Floatation Bubbles and Kick Boards**

Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

- [ ] strong swimmer  
- [ ] average swimmer  
- [ ] poor swimmer  
- [ ] non-swimmer

I advise that my child requires the following flotation device to assist him / her in the water: .................

I undertake to provide this device so that my child can participate in the excursion:  

- [ ] Yes  
- [ ] No

I [ ] give  
[ ] do not give permission for my child to participate in the water and swimming activities.

Parent/Caregiver name: ____________________ Signature: ___________________ Date:___________

Payment for School Swimming Scheme  

Child’s name: ____________________ Class ______

- [ ] I have enclosed $55.00 as payment for the program
- [ ] My child will not be attending  
- [ ] EFTPOS  
- [ ] Credit card

Credit Card Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Expiry Date [ ] [ ] / [ ] [ ]

Security Number (last 3 digits on the back of the card) [ ] [ ] [ ]

Name (of card holder) ____________________

Signature (of card holder) ____________________ Date _____________