Dear Parents,

The Swimming Program for Years Prep, 1 & 2 students will be conducted at the Monash Aquatic and Recreation Centre (MARC) from Monday 16th November to Friday 27th November, 2009, for ten sessions of 40 minutes each.

The Swimming Program provides students with the opportunity to develop and improve their skills and confidence through consistent practice and coaching. We encourage all students to attend, as learning to swim is part of the Physical Education program provided at school.

The cost for the program is $82 per student. This covers the lesson for each of the 10 days and the cost of a seatbelted bus.

**Details are as follows:**

**Dates:**  
Monday 16 November to Friday 27 November  
(10 sessions of 40 min each)

**Session Times:**  
Grade Prep  
12.00pm – 1.40pm  
Grade Prep/1  
12.40pm – 1.20pm  
Grade 1/2  
1.20pm – 2.00pm  
Grade 2  
2.00pm – 2.40pm

**Cost:**  
$82.00 per student.  
(Please note that refunds cannot be issued for missed sessions as the pool and bus costs remain according to our original booking)

Please return the permission slip, Student Level Form and payment to your class teachers by Friday 23rd October.

*It is important to outline any medical concerns, particularly asthma, related to your child on the return form.*

Please contact the school if you have any queries regarding the program.

Kevin Oakey  
Swimming Program Co-ordinator
2009 SWIMMING PROGRAM REPLY SLIP
Years Prep, 1 and 2.

Permission slip, Student Level Form and payment of $82.00 required by Friday 23rd October, 2009.

I hereby give / do not give (please cross out one) permission for my child ______________________ in Grade ______ to attend the Swimming Program at Monash Aquatic and Recreation Centre from Monday 16 November to Friday 27 November, 2009, for ten sessions.

In the event of accident or illness, I authorise the teacher-in-charge of this 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.

Does your child suffer from asthma?  YES / NO

Please list details of asthma plan and any other medical concerns: __________________________________________
________________________________________
________________________________________

SIGNATURE: ____________________________________________ DATE: ______________
(parent/guardian)

EMERGENCY CONTACT INFORMATION FOR SWIMMING PROGRAM DATES:

CONTACT NAME 1: ______________________ Telephone No. ________________
CONTACT NAME 2: ______________________ Telephone No. ________________

________________________

Grade Prep, 1 and 2 Parents

In order to assist with supervision, two parents are required to accompany the children for each grade level. If you are interested in attending a swimming session, please indicate the days on which you are available in the space below (no pre-school children may attend).

First week: day(s) available .................................................................................................
Second week: day(s) available ..............................................................................................

Your child's name: ................................................................. Grade: .................................
Signed (parent): ..........................................................

PAYMENT DETAILS

Your child's name: ................................................................. Grade: .................................
ENCLOSED: Payment of $ ________________ Cash / Cheque / Credit Card

Your name (please print): ................................................................. Parent / Guardian

Signature for credit card authorization: .................................................................

Credit Card Expiry date _____________________