Dear Parents,

The Swimming Program for Years 3, 4 & 5 students will be conducted at the Monash Aquatic and Recreation Centre (MARC) from Monday 28th February to Friday 11th March, 2011, 10 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 and a vital life skill.

The school will be using seatbelted buses for the swimming program. The cost for the lessons is $92.

Details are as follows:

**Dates:** Monday 28th February to Friday 11th March
10 sessions of 40 min each.

**Session Times:**
- Session 1 (Grade 3’s) 11.50am – 12.30am
- Session 2 (Grade 3’s & 4’s) 12.30am – 1.10pm
- Session 3 (Grade 4’s & 5’s) 1.10pm – 1.50pm
- Session 4 (Grade 5’s) 1.50pm – 2.30pm

**Cost:** $90.00 per student.

*Please note that refunds cannot be issued for missed sessions or part programs, as the pool and bus costs remain according to our original booking*

Please return the permission slip, payment and Student Level Form to class teachers by Monday 14th February, 2011.

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

It is also important that parents clearly indicate to their child’s teacher if they are NOT attending the swimming program. Please contact the school if you have any queries regarding the program.

Rebecca Cornall
Swimming Program Co-ordinator
2011 SWIMMING PROGRAM REPLY SLIP
Year 3, 4 and 5.

Permission slip and payment of $92.00 required by Monday 14th February.

I hereby give permission for my child _______________________ in Grade ______ to attend the Swimming Program at Monash Aquatic and Recreation Centre from Monday 28th February to Friday 11th March, 2011.

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 3, 4 and 5 Parents

In order to assist with supervision, one parent is 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 _____________________