Dear Parents,

The Swimming Program for Years 3, 4 & 5 students will be conducted at the Monash Aquatic and Recreation Centre (MARC) from Monday 2nd March to Friday 13th March, 2009, (excluding Monday 9th March – Labour Day) for nine 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 school will again be using seatbelted buses for the swimming program. The cost for the lessons is $74.

Details are as follows:

**Dates:** Monday 2nd March to Friday 13th March (except Monday 9th March) - 9 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:** $74.00 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 and payment to class teachers by Wednesday 11th February, 2009.

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
Year 3, 4 and 5.

Permission slip and payment of $74.00 required by Wednesday 11th February.

I hereby give permission for my child ______________________ in Grade ____ to attend the Swimming Program at Monash Aquatic and Recreation Centre from Monday 2nd March to Friday 13th March, 2009 (except Monday 9th March) for nine 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 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 _____________________