

In term 4 we are offering an intensive five day swimming program at Watermarc in Greensborough, with each lesson running for 45 minutes. Swimming is a life skill and is part of the Victorian Curriculum so we expect all children to participate.

**The dates are: Tuesday 8, Wednesday 9, Monday 14, Tuesday 15 and Wednesday 16 October.**

Highly qualified, experienced and professional swimming instructors will teach the children in groups (ratio of 1:8). The first lesson is at 11:00, the second is at 11:45, the third 12:30 and the last is at 1:15. As soon as possible, you will be informed which home groups will be attending at what times. We have hired buses with seat belts as per School Council's policy.

The cost for this year's swimming program is being subsidised by the Department of Education, so the cost for your child will be **\$25.00** and CSEF can be used. **Full payment is to be made by 3.30pm on Friday 13 September.** No late payments will be accepted after the due date.

Unfortunately refunds cannot be given for individual absences. Please note that the cost includes all charges for the event/excursion including, where relevant, transport costs, entry fee, venue, room and equipment hire and any other specific costs associated with the delivery of the program. If, for an exceptional reason your child does not travel to or from the event in the bus, for example, the school is still charged the full amount for transport and so unfortunately we cannot deduct costs from this amount.

If you are experiencing difficulty paying, please contact the office to discuss alternative methods of payment.

Parents are most welcome to attend, but will need to organise their own transport if they are not a parent helper on the bus. **Parents who come to watch their children, are asked to please not interfere with their child's lesson and at the end of the lesson are asked not to enter the change room as staff and selected parents helpers will take care of the students.**

Students may wear their bathers underneath their school uniform or place them in a sturdy swimming bag, along with their towel. No jewellery to be worn on the day and children **MUST** wear their school uniform.

Reminder that it is a parent/guardian's responsibility to send any specific medical requirements such as an asthma puffer. Pack your child's medication and hand it (with specific instructions) to your child's teacher.

Please complete the online Watermarc Swimming Assessment sheet **by 3.30pm on Friday 13 September.**

**Parental assistance** – Only for parents who have completed the volunteer training briefing at PPPS and have a valid WWC. If you are available to assist with the swimming program including bus travel and assistance in the change rooms please e-mail your child's teacher by Friday 30 August. Include in the e-mail your name and contact number and your child's name. Your child's teacher will then notify you by Monday 16<sup>th</sup> September if you have been selected as a parent helper for the swimming program.

**Please return the bottom section to the school by 3.30pm on Friday 13<sup>th</sup> September. If paying by QKr, you do not need to return the permission and payment form.**

**Parent Permission and Payment**

I give permission for my child \_\_\_\_\_ of home group \_\_\_\_\_ to attend the swimming program at Watermarc on 8/10, 9/10, 14/10, 15/10, 16/10.

If the emergency contacts are unavailable, I authorise the teacher in charge to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner. YES or NO

If no consent is given, what should the school do? \_\_\_\_\_

Name \_\_\_\_\_ Phone no: \_\_\_\_\_

Adult's name \_\_\_\_\_ Child's home group \_\_\_\_\_ Phone no: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_



Amount enclosed: \_\_\_\_\_ **QKR** /Cash/Credit Card/CSEF (please circle)

**Credit Card payment** ✕ \_\_\_\_\_

**PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (to be used for amounts of \$10 and over)**

Child's name	Home Group	Payment for: eg. Camp	Amount

Please charge my:  Bankcard  Visa  Mastercard Amount: \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_