

In **term 4**, we are offering an eight week swimming program at **Mill Park Leisure** with each session running for 40 minutes. Mill Park Leisure will deliver Swimming Australia's Goswim, Swimming and Water Safety program. It covers the mandatory curriculum requirements of DET. The content of each lesson covers stroke development and personal survival techniques in, on and around water. The skills learnt will provide children with a swimming and water safety foundation that may enable them to safely enjoy aquatic activities in a limited range of environments. Our school has booked **two home groups** to attend **each lesson**. The first lesson will commence at **11.00am** and the last at **1.40pm**. A timetable of which home groups will attend at what times will be published on Compass as soon as groups are finalised. Swimming is a life skill and is part of the Victorian Curriculum where students practise a range of movement patterns in aquatic environments. We have hired buses that are fully seat belted (School Council policy). The Department of Education (DET) through the swimming in school's initiative has heavily subsidised this year's swimming program and the cost for this year's swimming program will only be **\$30.00**.

**The dates are:** **Wednesday – October 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> and November 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup> and 25<sup>th</sup>.**

Certificates highlighting your child's swimming achievements will be distributed at the completion of the program.

- 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.
- A google docs link will be sent to each family to be filled in so that your child can be placed in the appropriate swim group.**
- Highly qualified, experienced and professional swimming instructors will teach the children in groups (ratio of 1:7).
- The cost of the program is **\$30.00** - this includes transportation, entry fee and lane hire of the pool. CSEF can be used.
- Full payment (\$30.00) to be made by Tuesday October 4<sup>th</sup>.**
- NO LATE PAYMENTS will be accepted after the due date which is Tuesday October 4<sup>th</sup> (week 1 of term 4).**
- Unfortunately, refunds cannot be given for individual absences, however, if a child is ill for a prolonged period, then a partial refund may be granted. Please let your child's home group teacher know as soon as possible if this occurs.
- To assist with planning, please inform us **immediately by note to your child's teacher** if your child will not be involved in the swimming program.
- If you are experiencing difficulty paying, please contact the office to discuss alternative methods of payment.
- Parents are not permitted to attend lessons, unless they are a parent helper on the bus. **Parents are asked not to watch their child swimming as this may interfere with their child's lesson and are asked not to enter the change rooms as staff and selected parent helpers will take care of the students.**
- Reminder:** It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the Epipen bag from the first aid room or the hypo kit from the classroom.

**Sebastian Scanu- PE and Sport Coordinator**

✂-----Cut off and return the bottom section to the school by Tuesday October 4<sup>th</sup>.

**If paying by cash/credit card, CSEF or School Credit please return permission section to the school by the due date.**

**No need to return permission section if paying by Qkr.**

If you are using your School Credit and have a balance to pay, you can make this payment using Qkr selecting Other Payment / Miscellaneous Payment. When using this option please return your signed permission form to the school.

**Parental assistance** I am available to help with the swimming program. I understand that because of my duty of care for the students at PPPS, I cannot bring other children. I hold a valid WWC check and am fully vaccinated (three doses). I understand my responsibilities to live by the PPPS values and abide by the excursion protocols. I also agree that I will not take phone calls from, or phone, text, or send photos to other Plenty Parklands families while on the excursion. I agree to wait until after the excursion before posting photos of my own child on any form of social media. I understand that I do not have permission from the school or other families to post photos of other children. If in the case that more parents volunteer than places available, the teaching staff will make the decision as to which parent/s is/are best suited to assist.

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**Parental assistance - Only for parents who have a valid WWC and who have completed the School's Volunteer Training Session. Please return the form below by Tuesday September 13th.**

**I am available to assist with the swimming program (bus travel/assistance in the change rooms) for the duration of the swimming program.**

**Adult's name:** \_\_\_\_\_ **Daytime contact phone no:** \_\_\_\_\_

**(If selected, a member of staff will contact you before the end of term 3)**

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I give permission for my child \_\_\_\_\_ of home group \_\_\_\_\_ to attend the swimming program in 2022.

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 ☐ No If no consent is given what should the school do?

In case of emergency I can be contacted on: Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

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

Amount enclosed: \_\_\_\_\_ Qkr /Cash/Credit Card/CSEF/School Credit (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: ☐ Visa ☐ Mastercard Amount: \$ \_\_\_\_\_

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

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

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