

## GRADE 3/4 SWIMMING LESSONS

Dear Parents/Carers,

10/3/2016

As we have had sufficient interest, we will be offering swimming lessons for Grade 3/4 students in Term 2. The lessons will take place at Mill Park Leisure Centre, Morang Drive, Mill Park. Dates are listed below. Session times will be allocated when numbers have been finalised.

Who:	Students in grade 3/4
When:	<b>Fridays: April 22, 29, May 6, 13, 20, 27, June 3, 10,</b>
Where:	Mill Park Leisure Centre
Cost:	<b>\$100</b>
Payment:	Cash, cheque, EFTPOS or BPAY
Travel:	Bus
Sign & Return:	<b>Both</b> Permission slips and money are DUE BACK to school by <b>Friday April 15<sup>th</sup>.</b>
Assistance:	Indicate on form below if you are available. <u>Working with Children Check required.</u>

We require parent helpers with a current **Working with Children Check** to assist with supervision on the bus and in the change rooms at the pool. As in previous years, regulations prohibit younger children/siblings in the change rooms. If you can assist at all please return the **Parent Helper** slip below.

If your child suffers from asthma please indicate this on the return slip. A named inhaler spray should be given to the class teacher to be taken to the pool.

Karen Jeffery and the 3 /4 team

### OFFICE COPY

#### MORANG SOUTH PRIMARY SCHOOL SWIMMING TERM 2 2016

I consent to my child \_\_\_\_\_ in Home Group \_\_\_\_\_ taking part in the Grade 3/4 Swimming Program at Mill Park Leisure Centre, Morang Drive, Mill Park. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child's receiving such medical or surgical treatment as may be deemed necessary should the situation arise. I have enclosed \$100 or paid by BPAY or EFTPOS (please circle).

My child suffers from asthma: Yes / No (If YES, your child must supply their teacher with a reliever to take to lessons)

Emergency Contact Phone Numbers: \_\_\_\_\_

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

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

### EXCURSION COPY

#### MORANG SOUTH PRIMARY SCHOOL SWIMMING TERM 2 2016

I consent to my child \_\_\_\_\_ in Home Group \_\_\_\_\_ taking part in the Grade 3/4 Swimming Program at Mill Park Leisure Centre, Morang Drive, Mill Park. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child's receiving such medical or surgical treatment as may be deemed necessary should the situation arise. I have enclosed \$100 or paid by BPAY or EFTPOS (please circle).

My child suffers from asthma: Yes / No (If YES, your child must supply their teacher with a reliever to take to lessons)

Emergency Contact Phone Numbers: \_\_\_\_\_

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

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

**(Please circle)**

I can/cannot help during swimming lessons

Name: ..... Phone: .....

Child's Name: ..... HG ..... Current Working with Children Check YES/NO