ST ALBANS EAST PRIMARY SCHOOL

Principal: Anne-Maree Kliman Assistant Principal: Ricky Potter

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2016 Prep-6 Swimming Program

Wednesday, October 26th

Dear Parents,

The Prep-6 Swimming program will commence on **Monday, December 12th** and will run until **Friday**, **December 16th.** The program will be held at the Paul Sadler Swimland pool at Caroline Chisholm Cathlolic College in Braybrook. The swimming program will provide the opportunity for children to develop basic water confidence and safety skills, mobility, stroke technique and enjoyment of swimming and water activities. The children will be participating in a variety of water activities in a heated indoor pool at the Centre. Students will be placed in groups according to their ability.

The cost of the program is \$45, which covers entry to the pool, a 45 minute lesson and bus transport to and from the pool. All lessons will be conducted in a safe and suitable venue by qualified Austswim swimming instructors.

Payment can be made as either a lump sum or by instalments to suit you. Either method is fine, as long as full payment is made before the program commences on **Monday, December 12th.**

Please return both the **consent** and **medical** information forms attached, and the \$45 payment to school as soon as possible. Payment can be made with CESF.

If full payment hasn't been made and you have not contacted the school to arrange another method your child will not attend. Parents must be aware that reimbursements will only be approved in an extreme circumstance along with a medical certificate. If a child is absent on any session we cannot offer refunds.

Graham Sherwill (Swimming Co-ordinator)

SWIMMING CONSENT:	
I give permission for my child	in Grade
Room to attend lessons at Paul Sadler Swimland Centre	e in Braybrook from Monday, December 12 th to
Friday, December 16th. I authorise the teacher in charge to	consent, where it is not practical to contact me, to
any such medical or surgical treatments as may be deemed	necessary.
Parent / Guardian Signature	Date:
Contact Number:	