



IRAMOO PRIMARY SCHOOL No. 5152
SWIMMING PROGRAM – GRADES 3, 5 & 6
TUESDAY, JULY 17 – THURSDAY, JULY 26, 2018

Monday, May 21, 2018

VENUE: AquaPulse in Hoppers Crossing
COST: \$70 per child / \$35 per child (current health care card discount)*

The Iramoo Primary School Swimming Program for Grades 3, 5 & 6 will be conducted in **July, 2018** at **AquaPulse in Hoppers Crossing**.

Swimming is part of our curriculum at Iramoo. Our intensive swimming program follows that recommended by the Royal Life Saving Society and extension criteria developed by WynActive. Children are graded into ability groups, ranging from beginner to proficient swimmer.

Children will have a qualified swimming teacher as their swimming instructor.

Please note that this is an **8-day** intensive program with each lesson being **45 minutes** in duration.

As your child will be responsible for his/her own changing and clothing during the program, it is extremely important that your child has a strong bag, and that all clothing is clearly labelled with your child's name to avoid loss of items.

Please complete both the tear off slip below and the attached **parent assessment letter** and return it to school with payment by **Friday, June 29, 2018**. AquaPulse **WILL NOT** accept forms or payment after this date. Our office staff are available to accept payments from 8.30 a.m. to 3.30 p.m. each day. EFTPOS facilities are available. There are several payment options available to help spread the cost, outlined on the tear off slip below.

DISCOUNT FOR ALL & SUBSIDY FOR HEALTH CARE CARD HOLDERS*

- The Victorian government has provided a small subsidy for schools to help reduce the cost of swimming lessons for children so the cost of our program has been reduced this year to **\$70** per child.
- Our school offers a 50% discount for current health care cardholders so the cost is reduced to **\$35** per child.
- Also current health care/concession cardholders are eligible for the government **Camps, Sports & Excursions Fund (CSEF), \$125 per child per year** and parents may choose to use some of this CSEF towards the cost of swimming. Please ensure that our office has a copy of your current health care card/concession card.

Please note that the swimming program begins *on the second day of Term 3* so it is extremely important for the organisation of transport, teachers and swimming groups that we have all payments and permission forms returned by **Friday, June 29, 2018**. **No late forms or payment can be accepted.**

BRAD HODGES
PHYS. ED. CO-ORDINATOR

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Please return with payment by Friday, June 29, 2018



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CHILD'S NAME _____ **GRADE** _____

During the swimming program I (or my nominee) can be contacted on _____

Where it is impracticable to communicate with me, I authorise the teacher/s in charge of the swimming program to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

Special Provision – In compliance with Department of Education & Early Childhood Development practices it is necessary for parents to notify schools of any **special medical circumstances** that exist in relation to activities such as swimming programs. We request parents to indicate below any such circumstances relating to their child participating in this program.

Please tick if your child suffers any of the following:

- | | | | |
|------------------------------------|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Bee sting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Other _____ | |

* Indicate any medication to be taken, include time and dosage _____

- I enclose **\$70** full payment for the 2018 swimming program
- I enclose **\$35** full payment for the 2018 swimming program (health care card discount)*
- Please deduct **\$35** from the Camps, Sports & Excursion Fund (CSEF) to cover the cost of my child's **Swimming program**. (Please ensure that our office has a copy of your current health care/concession card)

TOTAL AMOUNT ENCLOSED \$ _____

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____

PARENT ASSESSMENT LETTER



Dear Parent/Guardian

Your child/children will be participating in school Aquatic Education and Water Safety Program conducted at AquaPulse.

To assist us with our initial planning could you please tick the appropriate boxes indicating your child's skill level. This is a guide only and we will be assessing children during their first session. If any changes are necessary, they will be made on the first day.

SKILL	YES	NO	COMMENTS
Is your child currently attending swimming lessons?			
Is your child currently attending swimming lessons at AquaPulse?			
Can your child fully submerge their face in water unassisted? e.g. picking an object up from the bottom of the pool with their eyes open			
Can your child continuously swim 10m of basic freestyle? (straight arms, no breathing, coordination of arms and legs, strong kick with long legs)			
Can your child continuously swim 10m of basic backstroke? (straight arms, coordination of arms and legs, strong kick with long legs)			
Is your child confident to swim in the shallow end of the 50m pool at AquaPulse (depth 1.35m)			
Can your child swim recognizable Breaststroke? (coordination of arms and legs)			
Can your child swim recognizable Butterfly? (coordination of arms and legs)			

Please complete the following information, printing clearly, and return the form to your Schools Swimming Coordinator. If you have any queries regarding your child's Aquatic Education and Water Safety Program, please speak directly to the swimming coordinator at your school who will contact us with your concerns.

PLEASE PRINT DETAILS CLEARLY. THE NAME PROVIDED IS WHAT WILL BE PRINTED ON YOUR CHILD'S CERTIFICATE.

GRADE/YEAR LEVEL & CLASS: Relevant to the term and year in which your child will be participating.

STUDENTS FULL NAME:
SCHOOL: IRAMOO PRIMARY SCHOOL
GRADE/YEAR LEVEL & CLASS:
MEDICAL CONDITIONS:
PARENTS FULL NAME:

Reminder: Should at any time throughout the duration of your child's Schools Aquatic Education and Water Safety program have any questions or feedback, please speak with your school direct. The school will liaison with WynActive and in regards to answering/responding to questions and/or feedback.

