



St Cecilia's Catholic Primary School

1 February 2018

Dear Parents and Guardians

TERM 1 SWIMMING PROGRAM

This term, our school will be taking part in the Education Department Interm Swimming Program at the Gratwick Aquatic Centre, every day in Weeks 4 and 5 (Mon 19 Feb –Fri 02 Mar). Each of these lessons will be taught by qualified AUSWIM instructors and students will be graded in the same way as the Ed Depart VACSWIM program.

Interm Swimming - Lesson Times

Pre Primary	8.40am - 9.20am
Year 1	9:25am-10:05am
Year 2	10:15am-10:55am
Year 3	11:00am-11:40am
Year 4	12:15pm-12:55pm
Year 5	1:00pm-1:40pm
Year 6	1:00pm-1:40pm

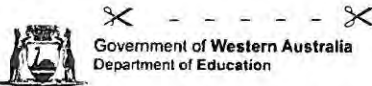
**Please note: Year 5 and Year 6 will be combined for their lessons; all other classes have their own time.*

We are still waiting to confirm the date of our Faction Swimming Carnival and will let you know as soon as possible. At this stage it will be held in either Week 7 or Week 9.

The total cost for these two events, including bus hire, will be \$30.00 per student. Please complete the attached enrolment form required for Interm Swimming and return to the school by Wednesday 14 February. Permission notes and payments are to be made via the Flexischools website by Wednesday 14 February also. Please note, the school won't be taking cash payments. If you have not yet registered for a Flexischool account, please go to www.flexischools.com.au.

If you have any problems registering for or making the payment through Flexischools, please contact Mrs Genni McCormack.

Kind Regards,
Janelle Fimmel (Health & Physical Education).



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: _____
(Full Name PRINT BLOCK LETTERS)

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at _____

commencing on ____/____/____ and enclose payment of \$ _____. (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability* that may affect his/her safety, or require the school to provide learning adjustment? No Yes (please provide further information if necessary)**

*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

**If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

Stage No	8 Water/Surf Wise
1 Beginner	9 Senior
2 Water/Surf Discovery	10 Jnr Swim & Survive/Surf Stage 10
3 Preliminary	11 Swim & Survive/Surf Stage 11
4 Water/Surf Introduction	12 Snr Swim & Survive/Surf Stage 12
5 Water/Surf Safe	13 Wade Rescue/Surf Stage 13
6 Junior	14 Accompanied Rescue/Surf Stage 14
7 Intermediate	15 Bronze Star (pool only)

My child is going for Stage number:

Unsure - please grade:

My child has attempted this 'going for' stage three times in Department of Education classes without passing. Please attach copies of last three Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____