25 October 2016

Dear Parents/Carers

It is time to get ready for the Term 4 swimming program which is being conducted by Michelle’s Swim School. Please see below for details:

<table>
<thead>
<tr>
<th>Title</th>
<th>Term 4 Swimming Program</th>
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</thead>
</table>
| Dates               | Week 7: 21, 22 & 24 November  
 Week 8: 28 & 29 November & 1 December  
 Week 9: 5 & 8 December |
| Destination         | Cooma Swimming Pool     |
| Supervising Teacher/s | A classroom teacher will travel to and from the pool with each swimming group. |
| Transportation      | Years 3-6 students will be escorted to and from the pool by the class teacher.  
 K-2 students will travel to and from the pool by bus. |

| Cost                | $92.00 Non Season Pass  
 $65.00 with Season Pass  
 This cost will change due to receiving a substantial grant from Sporting Schools. Depending on numbers attending, this could be reduced substantially.  
 e.g. Based on 190 K-6 students participating  
 - This cost would reduce by approximately $16.00  
 Based on 150 K-6 students participating  
 - This cost would reduce by approximately $20.00  
 This may be the only time the school is able to offer a program at a lower cost.  
 This is the same grant that helped fund the tennis and soccer coaching in Term 3.  
 The K-2 students will need to pay an extra $24.00 to pay for the bus. |

| Special requirements | Students will need to bring the following to school with them on each swim day:  
 swimmers, swimming goggles, towel, hat, sunscreen, water bottle. |
| Contact details      | Steven Joyce - 6452 1721 |

Michelle is offering the Bronze Star to STAGE 3 students at an additional cost of $15.

The cost of the program will not need to be paid until Friday 23 November. This will allow for final numbers to be calculated. An alternative is to make a $50.00 deposit at the time of sending in the permission form or to make regular payments leading up to the 23 November.

All money will be receipted at the school. Payment can be made by cash, eftpos or cheque. If paying by cheque, please make payable to St Patrick’s Parish School, Cooma. Full payment must be received prior to the commencement of the program. Any child who has not paid by the due date will be unable to participate.

If you child misses out on any of the swimming program classes, you will need to contact Michelle’s Swim school for any possible refund.
Yours sincerely

Frances Robertson
Principal

Steven Joyce
Coordinator

K-6 SWIMMING PROGRAM
The permission note is due by the 3 November (Week 4)

I ___________________________ permit ______________________ to take part in the
(Name of Parent) (Name of Student)

Term 4 Swimming Program. I understand and agree with the activities of and arrangements made for the excursion. During the swimming program, I delegate my authority to the supervising staff. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students.

Signature:____________________ Date: ____/____/2016

PAYMENT DETAILS: I enclose $__________ Cash/Cheque payable to St Patrick's Parish School, Cooma or deduct $__________ from my Visa/Mastercard No. ______/_____/______/____

Expiry: __/___ Signature: __________________________
MICHELLE’S SWIM SCHOOL
SCHOOL BASED LEARN TO SWIM
REGISTRATION FORM

NAME OF CHILD: ____________________________________________

SCHOOL: ______________________________________ CLASS: ________

CHILD’S INFORMATION
Does your child have any medical conditions or disability e.g., diabetes, asthma, heart problems, autism, hearing loss, allergies/anaphylaxis, etc.
It is important we are informed of any relevant conditions your child may have.
Please list them and include appropriate action in case of any emergency:

______________________________________________________________

EMERGENCY DETAILS
Please provide contact information for a person who can be contacted in an emergency:

NAME: ____________________ Relationship to Swimmer: ______________

PHONE: (h) ____________________ (w) ____________________ (m) ______________

PARENT DECLARATION
I give permission for the above person to be contacted in case of an emergency. I authorise the staff of Michelle’s Swim School to take appropriate action in the case of an emergency and seek medical help if required. Any cost incurred shall be at the expense of the parent/carer.

SIGNED: ____________________ DATE: ____________________

PLEASE PRINT FULL NAME: ____________________

<table>
<thead>
<tr>
<th>SWIMMING ABILITY</th>
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</thead>
<tbody>
<tr>
<td>Please indicate to the best of your knowledge which level you feel most appropriate for your child</td>
</tr>
<tr>
<td>Level 1</td>
</tr>
<tr>
<td>No previous lessons, not yet confident</td>
</tr>
<tr>
<td>Level 2</td>
</tr>
<tr>
<td>Able to propel themselves using some form of arm or leg action</td>
</tr>
<tr>
<td>Level 3</td>
</tr>
<tr>
<td>Beginning to learn assisted breathing action in freestyle and beginning backstroke</td>
</tr>
<tr>
<td>Level 4</td>
</tr>
<tr>
<td>Confident swimmer, able to swim short distances with good freestyle and backstroke technique</td>
</tr>
<tr>
<td>Level 5</td>
</tr>
<tr>
<td>Confident swimmer, able to swim at least 25 mts freestyle, backstroke and beginning breaststroke and butterfly</td>
</tr>
<tr>
<td>Level 6</td>
</tr>
<tr>
<td>Basic Lifesaving and Carnival skills, starts turns and finishes for all strokes</td>
</tr>
<tr>
<td>Level 7</td>
</tr>
<tr>
<td>Squad Extension, able to swim 50 mts freestyle and most other strokes</td>
</tr>
<tr>
<td>Level 8</td>
</tr>
<tr>
<td>RLSSA Bronze Star Award (Year 5 or 6 Only)</td>
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