

SWIMMING LESSONS 2017
Years PP1 & PP2
Week 3 Monday 23rd October – Friday 27th October
Week 4 Monday 30th October – Friday 3rd November

In Term swimming lessons for the above year levels begin on Monday 23rd October 2017 at the Melville Leisure Centre, Booragoon and conclude on Thursday 2nd November 2017. Children will travel by bus and be supervised by teachers and pool staff.

Lesson start times are:
12.15pm (rooms PP1 & PP2)

We consider swimming to be an integral part of our sport/physical education/fitness programme and consequently would like **ALL CHILDREN** to attend these classes. On those swimming lesson days, students are reminded to bring their bathers and towel in a marked plastic bag. Children will get changed after the lesson at the pool.

Parents are asked to complete all attached forms and return to the **front office** by **Wednesday 11th October 2017**. The total cost for the lessons is **approximately \$52.55**. Payment can be paid to the Front Office or using the Qkr app. Cheques should be made payable to Winthrop Primary School. This cost **does not** come out of 'Up Front' payments, **so all children will need to pay prior to the lessons**.

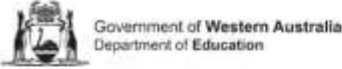
School Refund Policy Excursion/School Based Activity - School extra cost optional activities eg. Excursions/School Based Activity, camps, are undertaken by the school on a self supporting cost basis. If you have paid for an activity and your child is unable to attend, please notify the school as soon as possible. If the school has incurred a cost/s for an activity on behalf of a student this will be deducted from any refund.

Thank you for your co-operation
Patrick Sweeny.....Deputy Principal



CONSENT FOR WATER-BASED EXCURSION

This form will also be used for the following: Interm Swimming, Faction Trials/Carnival, Interschool Carnival & Camp



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/SurfWise |
| 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 Rescuer/Surf Stage 13 |
| 6 | Junior | 14 Accompanied Rescuer/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: _____
(Parent/Guardian)

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(Please Return to School Front Office)

Jackson Avenue Winthrop WA 6150
Tel (08) 9310 6100 Fax (08) 9310 6249
winthrop.ps@education.wa.edu.au

STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

Student details

Student's name _____ Date of birth _____

Parent/guardian's full name _____

Address _____ Postcode _____

Telephone no. - home _____ Telephone no. - work _____

Telephone no. - mobile _____

Name of family doctor _____ Telephone no: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes No

If "yes", please give details:

Is your child allergic to:

Penicillin Please give details _____

Any other drug _____

Any food _____

Other _____

Is any special care required? Yes No

If 'yes' please give details:

*Year 6 students' only. 2016 Camp: Any dietary requirements: Yes No

Dietary requirement details: _____

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes No

Does your child self-administer the medication?

Yes No

If "yes", state name of medication, dosage and frequency of use:

Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent or guardian: _____ Date: _____