



Seabrook Primary School

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Principal: Susan Lee

SEABROOK PS 2018 INTENSIVE SWIMMING PROGRAM GRADE PREP SHAWN'S SWIM SCHOOL (26TH NOVEMBER- 17TH DECEMBER- ON MONDAYS)

Dear Parents/Guardians,

We will be commencing our grade Prep swimming program for 4 Monday sessions, commencing in **week 7 (Monday 26th November)** of term 4.

The program will be once a week for 4 weeks, on a Monday. The dates of the other sessions will be **Monday 3rd, 10th & 17th of December**.

If your child has Keyboard lessons on a Monday we will move them to another time during the day so they are able to do both.

The cost of the program, which includes **45-minute lessons** each session, bus transport, formal stroke and breathing techniques etc, safety and fun games sessions, will be **\$92**. This is based on **48 (2 Groups), 72 (3 Groups) or 96 (4 groups)** students attending (2 groups is the minimum required for the program to run). This is still very good value (\$23 per session) as the private half hour sessions at local pools are \$20-\$25 (30 minutes) and **ours includes the bus costs to and from the pool** as well each week as well as the **45 min lesson**.

Shawn's provides an excellent quality program including smaller groups, great instructors and better facility (no general public access apart from parent/baby groups occasionally).

We ask that you return the Permission Slip below with a monetary deposit of **\$23** non-refundable deposit (unless children have an injury e.g.; broken arm or other sustained illness) to confirm that your child will participate in the swimming program by **Friday the 16th of November**. **This gives you 4 weeks of this term to decide about swimming and start paying at least a deposit. After this date spots are not guaranteed. We'll start a waiting list if groups are full. Or offer you a spot in a group that has room.**

The final balance will then have to be paid by the 1st session (Monday the 26th of November), so the office doesn't have to keep chasing money after this point.

We do need a firm commitment by **Friday (16th of November)**, if your child will attend the program. We can only have 24 children per session (to keep the groups small and ensure a quality program). If we reach our maximum number of 72 or 96, we will start a waiting list as unless it looks like we'll get another full group. Therefore, a first in approach will apply and we'll use a waiting list if required.

Once children have commenced the program, partial refunds may be given for children who have had a sustained illness, or where a medical certificate is provided (eg; broken leg and obviously can't swim).

Thank you for supporting this very beneficial and relevant school program. If you have any further enquiries please feel free to contact your child's teacher, Mr. Ganley or Mrs Golomb at the office.

Please fill in Medical/Swimming level sheet attached as applicable to you child and return with permission slip. There is a payment slip at bottom of medical/swimming level part of form if you want to pay by credit card.

***Payment options are cash, credit card, eftpos and Qkr. **If you pay by Qkr you still need to return the permission note to the class teacher.**

Blair Ganley and Grade Prep Team

SEABROOK P.S 2018 INTENSIVE SWIMMING PROGRAM GRADE PREP- PERMISSION SLIP

(MONDAYS- 4 WEEKS) COMMENCING MONDAY 26TH NOVEMBER

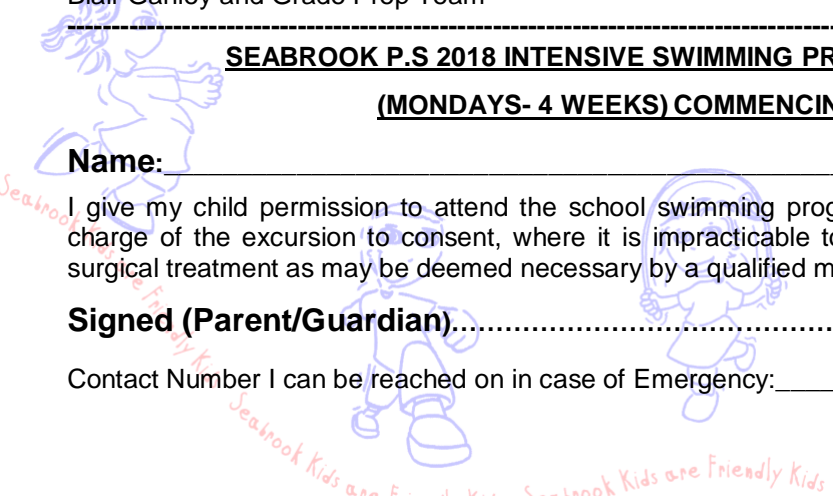
Name: _____

Grade: _____

I give my child permission to attend the school swimming program at Shawn's Swim School. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving medical or surgical treatment as may be deemed necessary by a qualified medical practitioner. I enclose a minimum **\$23 Deposit**.

Signed (Parent/Guardian)..... **Date**.....

Contact Number I can be reached on in case of Emergency: _____



MEDICAL & SWIMMING LEVEL INFORMATION (To be returned with permission note)

Parents, as part of the Shawn's requirements, they need information about any children who suffer from Asthma, A.D.H.D, Diabetes or Epilepsy or any other illness. Can you please fill in and return the slip below if your child fits into one of these areas mentioned above. This information will only be used for the purpose of the instructors, so if anything happens in the pool they will be prepared to handle the situation. The pool then destroys this information after the program is finished.

Can you also please record below if your child participates in any swimming lessons or squad groups outside of school. Please fill in the details and if possible provide a photocopied certificate or information of your child's current level. It will help place children in their groups.

Child's Name: _____ Grade: _____

Signed: _____ (Parent/Guardian)

Please tick the appropriate box and return to your child's teacher.

- Asthma
- Epilepsy
- A.D.H.D
- Diabetes
- Allergy : _____
- Other : _____

My child participates in:

Weekly Swimming lessons: (Please state if more than once a week) _____

A Squadgroup or Swimming Club: Name of Pool or Club Eg; Werribee Sharks: _____

Name of Pool having lessons at: _____

Please provide details of your child's swimming involvement and or attach a copy of his/her current level:

