

Mont Albert Primary School

May 2016

SWIMMING PROGRAM

To Parents of Students in years **Prep to year 2,**

As part of our Health and Physical Education Program, the Swimming Program for these students will consist of 9 sessions during June. The Swimming Program is a compulsory component of the school Physical Education and DET (AUSVELS) curriculum, developing swimming and safety skills whilst promoting independence and class cohesiveness. These costs are budgeted on the assumption that all students are expected to attend.

VENUE: Box Hill Aqualink.

COST: **\$112.50** which covers bus hire, pool entry and swimming instructors.

WHEN: **Monday 6th, 7th, 8th, 9th, 10th, 14rd, 15th, 16th, 17th June.**

TIMES:

Classes	Leaving school at	Lesson times	Arriving back at school at
2/16 & 2/15	8.50	9.15 – 10	10.30
2/13 & 2/14	9.35	10.00 – 10.45	11.15
2/17 & 1/5	10.20	10.45 – 11.30	12.00
1/4 & 1/3	11.05	11.30 – 12.15	12.45
1/2 & 1/1	11.50	12.15 – 1	1.30
P6, P7	12.50	1.15 - 2	2.30
P8, P9	1.35	2.00 – 2.45	3.15

Please complete the attached form and return with payment as soon as possible. All forms and payments **must** be returned by Friday, 3rd June.

Refunds under 5 days will not be possible. 5+ days for reasons of illness must have a doctor's certificate.

Luke Byrne

Mont Albert Primary School

PAYMENT SLIP

STUDENT NO. _____

Swimming Program: **\$112.50**

Child's Name:..... Grade:.....

Enclosed is total payment of \$.....

Direct Deposit Details: (use Student No. as your Reference)	BSB: 063-105 Mont Albert Primary School Official Account Account Number: 10066804
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Remittance advice should be emailed to: account@maps.vic.edu.au or faxed to MAPS on 9899 3093.

Refunds under 5 days will not be possible. 5+ days for reasons of illness must have a doctor's certificate.

Signed: Date

Payment by Credit Card:

Please tick if using / Mastercard / Visa
and complete the following (please print)

Card Holder's Name _____ Expiry Date _____

Amount \$ _____

Signature: _____

CONSENT & MEDICAL FORM

NAME OF CHILD: **GRADE**.....

As a Parent/Guardian of this student, I give consent for him/her to participate in the Swimming Program and/or Aquatic Activities being conducted on **Monday 6th, 7th, 8th, 9th, 10th, 14rd, 15th, 16th, 17th June** and agree to the delegation of authority to the Staff and/or Instructors involved.

I authorise the teachers in charge of the Swimming Program to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

I submit the attached medical information and include details of limitations which he/she has for the activities concerned.

Signed: _____ Date _____

Home No. _____

Suitable emergency number for swimming dates _____

If an emergency occurs an ambulance will be called.

Do you consent to your child being transported in an ambulance? YES/NO

MEDICAL INFORMATION (This information can protect your child)

MEDICAL CONDITION	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS
ALLERGY (Particularly to Bee or Wasp sting)	YES/NO _____ _____ _____
BREATHING (Particularly Asthma)	YES/NO _____ _____ _____
EAR DISORDER (Particularly drainage tubes)	YES/NO _____ _____
EPILEPSY (Whether mild or severe)	YES/NO _____ _____
FAINTING/DIZZY SPELLS (or other sudden loss of consciousness)	YES/NO _____ _____ _____
PREVIOUS SWIMMING LESSONS / LEVEL / EXPERIENCE:	
_____ _____	