INTENSIVE SWIMMING & WATER SAFETY

PROGRAM – Grade 5/6

Wednesday 9th March 2016

Dear Parents and Caregivers,

The intensive swimming & water safety program is a compulsory program run by the Kensington Community Recreation Centre to help introduce, build and extend on children’s knowledge around water. Swimming is a vital component of our Physical Education Program that will include a water safety focus. Students will be ability grouped for the lessons. The 8-session program is held over 2 weeks. Below are the dates and session times for your Child’s program.

**Week 1** MON 11th April – FRI 15th April 2016  /  **Week 2** MON 18th April – THUR 21st April 2016

Note: No Swimming will occur on Tuesday of week 1 and Friday of week 2

**TIMES**

- **Session 3: UNIT 4 (Sarah)**  
  Bus - 1:00pm  
  Lesson 1:30pm - 2:15pm

- **Session 4: UNIT 5 (Ellen)**  
  Bus – 1:45pm  
  Lesson 2:15pm – 3:00pm

The cost of this program is **$100.00**. The program cost is an individual payment and is separate to the excursion levy. If you are having difficulty making payments or you would like to discuss a payment plan, please contact the office. Please have payment/payment arrangements complete and permission slip below returned by Wednesday 23rd March 2016.

Ian Lumb - PE & Health Coordinator

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INTENSIVE SWIMMING & WATER SAFETY PROGRAM 2016

I give permission for my child_________________________ in Unit_______ to attend the Intensive Swimming Program 2015 at Ascot Vale Leisure Centre from **Monday 11th April to Thursday 21st April 2015.** In the event of an accident or injury I give permission for the teacher in charge, where it is impractical to communicate with me, to authorise for my child to receive such medical treatment as may be deemed necessary. I understand that my child will be travelling by bus to and from Ascot Vale leisure Centre.

Parent Name: ........................  Parent Signature..............................................  Date.............

Emergency Parent Phone Number on day of activity/excursion: ..........................................................

Does your child suffer from a medical condition and/or require medication on the day of the activity/excursion?

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