



**IRAMOO PRIMARY SCHOOL No. 5152**  
**SWIMMING PROGRAM – GRADES 3, 5 & 6**  
**TUESDAY, JULY 18 – THURSDAY, JULY 27, 2017**

Monday, May 22, 2017

**VENUE:** AquaPulse in Hoppers Crossing  
**COST:** \$75 per child / \$37.50 per child (current health care card discount)\*

The Iramoo Primary School Swimming Program for Grades 3, 5 and 6 will be conducted in **July, 2017** at **AquaPulse in Hoppers Crossing**.

**Swimming is part of our curriculum at Iramoo.** Our intensive swimming program follows that recommended by the Royal Life Saving Society and extension criteria developed by WynActive. Children are graded into ability groups, ranging from beginner to proficient swimmer.

***Children will have a qualified swimming teacher as their swimming instructor.***

Please note that this is an **8 day** intensive program with each lesson being **45 minutes** in duration.

**As your child will be responsible for his/her own changing and clothing during the program, it is extremely important that your child has a strong bag, and that all clothing is clearly labelled with your child's name to avoid loss of items.**

To assist us in our organisation please complete both the tear off slip below and the attached **parent assessment letter** and return both to school with payment by **Friday, June 23, 2017**. Our office staff are available to accept payments from 8.30 a.m. to 3.30 p.m. each day. EFTPOS facilities are available. There are several payment options available to help spread the cost, outlined on the tear off slip below.

**50% Health Care Card Discount Card\***

Please note that if you have a health care card current as of **30/01/2017**, you will be eligible for a **\$37.50** discount per child for the 2017 swimming program. *Please provide a copy of your card if you are eligible.*

Current health care/concession cardholders are eligible for the government **Camps, Sports & Excursions Fund (CSEF), \$125 per child per year** and you may choose to direct some of the CSEF towards payment for this program. Please ensure that our office has a copy of your current health care card/concession card.

Please note that the Grade 3, 5 & 6 swimming program begins *on the second day of Term 3* so it is extremely important for the organisation of transport, teachers and swimming groups that we have all payments and permission forms returned by **Friday, June 23, 2017**.

**BRAD HODGES**  
**PHYS. ED. CO-ORDINATOR**

✂-----  
 Please return with payment by **Friday, June 23, 2017**



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**CHILD'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**During the swimming program I (or my nominee) can be contacted on ☎ : \_\_\_\_\_**

Where it is impracticable to communicate with me, I authorise the teacher/s in charge of the swimming program to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

**Special Provision** – In compliance with Department of Education & Training practices it is necessary for parents to notify schools of any **special medical circumstances** that exist in relation to activities such as swimming programs. We request parents to indicate below any such circumstances relating to their child participating in this program.

**Please tick if your child suffers any of the following:**

- |                                    |   |                                       |                                 |
|------------------------------------|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Bee sting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine  | <input type="checkbox"/> Travel Sickness  | <input type="checkbox"/> Other _____  |                                 |

**\* Indicate any medication to be taken, include time and dosage** \_\_\_\_\_

- I enclose **\$75** full payment for the 2017 swimming program
- I enclose **\$37.50** full payment for the 2017 swimming program (health care card discount)\*
- Please deduct **\$37.50** from the Camps, Sports & Excursion Fund (CSEF) to cover the cost of my child's **Swimming program**. (Please ensure that our office has a copy of your current health care/concession card)

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT ASSESSMENT LETTER**



Dear Parent/Guardian

Your child/children will be participating in school Aquatic Education and Water Safety Program conducted at AquaPulse.

To assist us with our initial planning could you please tick the appropriate boxes indicating your child’s skill level. This is a guide only and we will be assessing children during their first session. If any changes are necessary, they will be made on the first day.

SKILL	YES	NO	COMMENTS
Is your child currently attending swimming lessons?			
Is your child currently attending swimming lessons at AquaPulse?			
Can your child fully submerge their face in water unassisted? e.g. picking an object up from the bottom of the pool with their eyes open			
Can your child continuously swim 10m of basic freestyle? (straight arms, no breathing, coordination of arms and legs, strong kick with long legs)			
Can your child continuously swim 10m of basic backstroke? (straight arms, coordination of arms and legs, strong kick with long legs)			
Is your child confident to swim in the shallow end of the 50m pool at AquaPulse (depth 1.35m)			
Can your child swim recognizable Breaststroke? (coordination of arms and legs)			
Can your child swim recognizable Butterfly? (coordination of arms and legs)			

Please complete the following information, printing clearly, and return the form to your Schools Swimming Coordinator. If you have any queries regarding your child’s Aquatic Education and Water Safety Program, please speak directly to the swimming coordinator at your school who will contact us with your concerns.

**PLEASE PRINT DETAILS CLEARLY. THE NAME PROVIDED IS WHAT WILL BE PRINTED ON YOUR CHILD’S CERTIFICATE.**

GRADE/YEAR LEVEL & CLASS: Relevant to the term and year in which your child will be participating.

STUDENTS FULL NAME
SCHOOL
GRADE/YEAR LEVEL & CLASS
MEDICAL CONDITIONS
PARENTS FULL NAME

Reminder: Should at any time throughout the duration of your child’s Schools Aquatic Education and Water Safety program have any questions or feedback, please speak with your school direct. The school will liaison with WynActive and in regards to answering/responding to questions and/or feedback.

