7th March 2016

SEABROOK PS 2016 INTENSIVE SWIMMING PROGRAM GRADE 2
SHAWN’S SWIM SCHOOL

Dear Parents/Guardians,

We will be commencing our grade 2 swimming program for 5 Monday sessions, commencing in week 2 (Monday 18th April) of term 2. The program will be once a week for 5 weeks, on a Monday. There will be NO Program on Monday 25th April (ANZAC Day). The dates of the other sessions will be Monday 2nd May, 9th, 16th and the 23rd of May.

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 $100. This is based on 50-75 students attending (2 groups minimum required). This is very good value ($20 per session) as most private half hour sessions are around $15-20 (30 minutes only most of them) and ours includes the bus costs to and from the pool as well each week.

Shawn’s provides an excellent quality program including smaller groups, great instructors and better facility (no general public access).

We ask that you return the Permission Slip below with a monetary deposit of $20 nonrefundable 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 Thursday the 24th of March (last day of term 2). This gives you three weeks, to decide about swimming and start paying a deposit and installments. 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 18th April), so the office doesn’t have to keep chasing money.

We do need a firm commitment by Thursday (24th March), if your child will attend the program. We can only have 25 children per session (to keep the groups small and ensure a quality program). If we reach our maximum number of 75 or 100, 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.

Blair Ganley
P.E. Coordinator – Seabrook PS

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SEABROOK P.S 2016 INTENSIVE SWIMMING PROGRAM GRADE 2- PERMISSION SLIP- (MONDAYS- 5 WEEKS)
COMMENCING MONDAY 18TH APRIL

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 $20 Deposit.

Signed (Parent/guardian)……………………………………………… Date………………

Contact Number I can be reached on in case of emergency:_________________________________________
MEDICAL & SWIMMING LEVEL INFORMATION

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.

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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 Squad group or Swimming Club: Name of Pool or Club:______________________________

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:


Payment Slip - Grade Two Swimming 2016
(Please fill in and return to your child’s teacher)

Child’s Name (please print) _______________________________ Grade __________________
Method of Payment Visa [ ] Mastercard [ ] Amount of Payment $ __________
Card Number __ __ __ __ / __ __ __ / __ __ __ __ / __ __ __ __ Expiry Date __ __ / __ __
Card Holders Name:________________________________________
Signature:________________________________________________________________________