16th Feb 2015

SEABROOK PS 2015 INTENSIVE SWIMMING PROGRAM GRADE 4
SHAWN’S SWIM SCHOOL

Dear Parents/Guardians,

We will be commencing our grade 4 swimming program for 5 Monday sessions, commencing in week 8 (Monday 16th March). The program will be once a week for 5 weeks, on a Monday. This is how Shawn’s run their programs and it means only 1 day a week is disrupted at school rather than 5 days straight. So there will be two sessions before the holidays and then three after the holidays.

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 $90. This is based on 50-100 students attending (2, 3 or 4 sessions).

We moved to Shawn’s in the last two years and it has been excellent, in relation to the quality program including very small 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 Friday the 6th of March.

All dates for the swimming are: 16th March, 23rd March, 13th April, 20th April & 27th April.

The final balance won’t have to be paid by the first session (Monday the 16th March), but by the end of term (Friday 27th March), to give parents time to pay it off. However, we do need a final commitment by Friday (6th 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). Once we reach our maximum number we will start a waiting list. Therefore a first in best dressed approach will apply. If your child’s grade session is full but there is a vacancy in another group, your child may be able to go in that group.

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 me.

Blair Ganley
P.E. Coordinator – Seabrook PS

SEABROOK PS 2015 INTENSIVE SWIMMING PROGRAM GRADE 4- PERMISSION SLIP- (MONDAYS- 5 WEEKS)
COMMENCING MONDAY 16TH MARCH

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.

Child’s name:___________________________ Grade:_________ (Parent/Guardian)
Signed: _________________________________

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 Four Swimming 2015
(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: ______________________________________________________