



Monday 29 July, 2019

Swim School

Dear Parents/Carers,

This term students have the opportunity to participate in Swim School at Coulter Swimming in Annangrove. Students who attend will have one swimming session each day for the 10 day program to develop their swimming ability ready for summer.

The teaching staff at Coulter Swimming are Austswim or Swim Australia qualified and also receive extensive in house training designed specifically for the school swimming program. Their swim school is endorsed by and registered with Swim Australia, Royal Lifesaving and Austswim.

Where: Coulter Swimming, Annangrove
When: Monday 16th September – Friday 27th September
Time: Session 1: 11.40am – 12.20pm
Session 2: 12.20pm – 1:00pm
Travel: Bus to and from school
Cost: \$110 (including the cost of the swimming lessons and the bus)

The above costing for this program has been based on a number of factors. When buses are booked the cost per student is calculated using the total number of students that we anticipate will be attending the program. Should your child be unable to attend this program for any reason, it will not be possible to refund the bus cost component.

To secure your spot in the Swim School Program please **complete the permission note**, the attached **Coulter Swimming Grading Form** and **make your payment** by cash, cheque or credit card via the school website '[make a payment](#)' icon by **Monday 9th August**. There are limited places available which will be allocated in order of receipt of payment.

This activity has the approval of the principal.

Kind regards,

Samantha Newth
Stage 1 Assistant Principal
Swim School Coordinator

Tom Moth
Principal





Swim School – Permission Note
Payment must be prior to attendance

I give permission for my child _____ of class _____ to travel by bus to participate in the Swim School program from Monday 16th September – Friday 27th September at Coulter Swimming Centre in Annangrove. The cost of the swimming program is \$110.00 per student.

In the event of injury or illness, I also authorise (on my behalf) the seeking of medical assistance that my child may require. Special needs of my child of which you should be aware (eg. allergies, sensory impairment, etc):

Parent/Caregiver Signature: _____

Date: _____

- ☐ **Payment has been made by cash or cheque in a clearly marked envelope to the office**
OR
☐ **I have made an online credit card payment via the school website [‘make a payment’](#) icon**





Coulter Swimming
231 Annangrove Rd
Annangrove
Ph: 9679 2211
E: corrinne@coulterswimming.com.au

SCHOOL: North Kellyville Public School

Term 3 2019

Please fill in this form to the best of your knowledge, this information will greatly assist Coulter Swimming to grade your child before the start of the School Swimming Program.

NAME: _____

AGE: _____

SCHOOL CLASS/YEAR: _____

SWIMMING ABILITY

Please answer the following questions by circling either yes or no. If you have any further comments, please use the space provided. Thank you.

- | | | |
|--------------------------|--|--------|
| <input type="checkbox"/> | Has your child been in a pool before? | YES/NO |
| <input type="checkbox"/> | Is your child confident in the water? | YES/NO |
| <input type="checkbox"/> | Has your child had any experiences in the water that may affect their confidence? If YES, please give details: | YES/NO |

- | | | |
|--------------------------|--|--------|
| <input type="checkbox"/> | Does your child need floats when swimming by themselves? | YES/NO |
| <input type="checkbox"/> | Can your child swim dog paddle unassisted? | YES/NO |
| <input type="checkbox"/> | Has your child had swimming lessons before? If YES please give details | YES/NO |

Centre Name _____

Level Awarded _____

Additional Information

PLEASE CIRCLE ONE.

- | | | | | | |
|--------------------------|----------------------------------|-------|-----|-----|------|
| <input type="checkbox"/> | Can your child swim Freestyle | 12.5m | 25m | 50m | 100m |
| <input type="checkbox"/> | Can your child swim Backstroke | 12.5m | 25m | 50m | 100m |
| <input type="checkbox"/> | Can your child swim Breaststroke | 12.5m | 25m | 50m | 100m |
| <input type="checkbox"/> | Can your child swim Butterfly | 12.5m | 25m | 50m | 100m |

Do you have any further information about your child that would benefit us when grading them into the correct class?

MEDICAL INFORMATION

Does your child have any of the following medical conditions ?

Condition	Please Circle	Further Information or Instructions
Diabetes	YES / NO	
Allergies	YES / NO	
Visual Impairment	YES / NO	
Hearing Impairment	YES / NO	
Dermatitis or Skin Condition	YES / NO	
Convulsions or Seizures	YES / NO	
Anaphylaxis	YES / NO	
Any other relevant medical condition	YES/NO	

As the Parent / Guardian of _____ I give permission for my child to take part in the school Swim and Survive program.

The information contained on these pages are accurate to the best of my knowledge.

Signed (Parent/Guardian) _____ Date _____

Parent / Guardian _____ Contact Phone # - _____

Emergency Contact _____ Phone # _____

Additional Notes

Swimming Caps – Coloured swimming caps will be issued to each child to wear throughout the program, as a means of identification, O H & S for swimmers hair, and to assist in protecting our filtration system.

Clothing – Children are encouraged to wear only swimwear. Board shorts and T shirts are not permitted. All clothing, shoes and towels should also be clearly labelled.

Hair – Girls are requested to wear long hair securely tied back

Goggles – please provide goggles for your child each day and have them clearly labelled