

WINTERFOLD PRIMARY SCHOOL

ABN 95 499 631 062

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Winterfold Primary School SWIMMING LESSONS - Pre Primary to Year 4

The Pre Primary to Year 4 Swimming Lessons are being held at Fremantle Leisure Centre starting Monday, 22 October, concluding Friday, 2 November 2018. **To ensure a smooth organisation of this activity it would be appreciated if the permission slip, Intern Swimming Enrolment Form and payment could be returned in a gold envelope to the locked box located in the Front Office by Monday, 15 October.** If preferred; EFTPOS facilities and direct deposit into the school bank account are available for payment.

Please note: If a student displays negative behaviour and is required to be withdrawn from the swimming program for one or more days, no refunds will be given (this does not apply to students who are withdrawn due to ill health).

PARENT CONSENT FORM

1. The following Educational Excursion is being planned for your child.
2. Please read the information and then sign and return the consent form by the due date.
3. Failure to return this form could result in your child being excluded from the excursion.

VENUE	Fremantle Leisure Centre
PURPOSE	Students achieve learning outcomes consistent with the outcomes of the Curriculum Framework.
ACTIVITIES	Pre Primary to Year 4 Swimming Lessons. Only 210 places available!
DATE	Monday, 22 October to Friday, 2 November
TIME	3 Groups: First group leave Winterfold PS at 8.30am, second group leave at 9.20am and last group leaving at 10.10am
TRANSPORT	RYAN AND RYAN BUS CHARTERS
SUPERVISION	Classroom Teachers and Education Assistants
FOOD / CLOTHING	Children will need to wear bathers to school under their uniforms. They need a dry towel each day. Thongs may be worn to the pool but not worn at school.
SUPERVISION OF NON ATTENDERS	A classroom teacher will supervise non-attenders.
COST YOU NEED TO PAY	TOTAL COST: <u>\$45</u> \$17.00 Bus non-refundable + \$28 (10 x \$2.80 Daily Pool Entry)



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: _____
(Full Name PRINT BLOCK LETTERS)
Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at _____
commencing on ____/____/____ and enclose payment of \$ _____. (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability*** that may affect his/her safety, or require the school to provide learning adjustment? No Yes (please provide further information if necessary)**

*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

**If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

Stage No	8	Water/Surf Wise
1	Beginner	9 Senior
2	Water/Surf Discovery	10 Jnr Swim & Survive/Surf Stage 10
3	Preliminary	11 Swim & Survive/Surf Stage 11
4	Water/Surf Introduction	12 Snr Swim & Survive/Surf Stage 12
5	Water/Surf Safe	13 Wade Rescue/Surf Stage 13
6	Junior	14 Accompanied Rescue/Surf Stage 14
7	Intermediate	15 Bronze Star (pool only)

My child is going for Stage number:

Unsure - please grade:

My child has attempted this 'going for' stage three times in Department of Education classes without passing. Please attach copies of last three Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)

PLEASE SIGN AND RETURN THIS PAGE AND PAYMENT IN A GOLD ENVELOPE TO THE LOCKED BOX LOCATED IN THE FRONT OFFICE BY MONDAY, 15 OCTOBER 2018. BY SIGNING YOU ARE CONSENTING TO ALL THE TERMS AND CONDITIONS AS SET OUT IN THIS LETTER – THANK YOU.

CONSENT FORM FOR INTERM SWIMMING LESSONS Pre Primary to Year 4

Contact Information

Home:	Work:	Mobile:
Other:		
I have read and understood the information regarding the In Term Swimming from 22/10/18 to 2/11/18		
and give my consent for my son/daughter: _____ from		
Room _____ to attend.		
Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving medical treatment as may be considered necessary. I am aware that the Dept of Education WA insurance doesn't cover personal accidents through misadventure nor loss or damage of personal belongings.		
Signature of parent/guardian: _____		Date _____