St Bernadette's Catholic Primary School
2 Willey St
Sunshine North Vic 3020
Ph: 039311 8872
E: principal@stbsunshinenth.catholic.edu.au
ABN: 54 744 343 007

9th September 2019

Dear Parents / Guardians of Prep and Year 1 students,

Year Prep and Year 1students will participate in the school swimming programme in Term 4. The programme will be held at the swimming facilities at **Caroline Chisholm Catholic College.** The venue is **Paul Sadler Swimland, located at 67 Darnley Street, Braybrook**. The program will run each **Friday from the 11th October until the 29th November.** The students will receive expert tuition from qualified and experienced instructors.

This swimming progamme is an extension to the existing P.E. program and is an initiative to improve the curriculum offered at St Bernadettte's.

Cost: $80 per child. **Payment can be made as part of your school fees.**

A bus will transport the children and teachers to and from the venue.

- Children need a **decent sized bag** for their clothing – **NOT** A SUPERMARKET BAG.
- All clothes and bags **MUST BE LABELLED.**

Parents and families are welcome to come along to support their child as they swim. If you wish to assist the children after swimming, **you will need to have a Current Working with Children Check, stating our school as an organisation that you volunteer at. You will also need to complete the School Code of Conduct** at the office prior to attending.

Swimming Dates and Timetable:

Year	Days/Date	School Departure Time	Lesson Time	School Arrival Time
1	Friday 11th Oct to Friday 29th Nov	12:15pm	1:00pm – 1:45pm	2:15pm
Prep	Friday 11th Oct to Friday 29th Nov	1:00pm	1:45pm – 2:30pm	3:00pm

If children are at school but not well enough to swim or forgot their gear and clothes, they will still go to the pool, but will sit with the staff who will be attending on that day.
The school does NOT encourage parents buying food or drinks for their child or for other children from the canteen at the pool. There is NO eating on the bus.

Mrs Joanne Webster
Principal

Mr Ian Miller
Physical Education Teacher

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RETURN THIS SECTION TO THE CLASS TEACHER

PARENTAL APPROVAL

I give approval for my child _____ of year _____ to take part in the Swimming Programme.

Please note the following medical information related to my son/daughter taking part in this excursion:

_____

PARENTS/GUARDIANS NAME: _____

PARENTS/GUARDIANS SIGNATURE: _____ DATE: _____

CONTACT TELEPHONE NUMBER ON THE DAY: _____

*I **may / may not** be able to volunteer my assistance to the class, on this excursion.*

☐ *I have a current working with children check and have completed the school's Code of Conduct.*

MEDICAL CONSENT FORM:

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorize the teacher in charge of the excursion or activity to:

- Consent to my child receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

Name: ..... Date: .....

Signature: .....

EMERGENCY CONTACT

1. ..... PHONE NO:.....

2. ..... PHONE NO:.....