



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

15th December, 2017

Dear Parents/Guardians of Year 2, 3 and 4 students for 2018,

Year 2, 3 and 4 students will participate in the school swimming programme during Term One next year. 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 9th February until the 23rd March. The students will receive expert tuition from qualified and experienced instructors.

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

Cost: \$75 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.**

All parents or guardians attending the swimming pool **MUST** have a working with children check. Please give a copy of this to the school office prior to attending.

Swimming Dates and Timetable:

| Grade | Days/Date | School Departure Time | Lesson Time | School Arrival Time |
|-------|--|-----------------------|---------------------|---------------------|
| 3 | Friday 9 th February - Friday 23 rd March | 11:45am | 12:15pm - 1:00pm | 1:15pm |
| 4 | Friday 9 th February - Friday 23 rd March | 12:30pm | 1:00pm – 1:45pm | 2:15pm |
| 2 | Friday 9 th February – Friday 23 rd March | 1:15pm | 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.

Yours sincerely,

Mr. Ian Miller

Physical Education Teacher

Mrs. Joanne Webster

Principal



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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:

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

I have a current working with children check

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:.....