

# THOMAS MITCHELL PRIMARY SCHOOL

## 2018 Year 6 Water Safety and Awareness Program

### Introduction/Links to Curriculum:

08/02/2018

As part of the year six 2018 Physical Education Program an eight-day water safety and awareness-swimming program has been organised. Lessons are conducted by trained swimming instructors.

Students will complete both swimming and water safety elements throughout the program including:

- Stroke correction and development
- Survival Techniques and Scenarios
- Life Jacket experience
- Water based rescues
- Beach/Open water education and techniques

Please fill in the below permission slip if you wish for your child to participate. A \$10.00 deposit will be required in order for us to finalise participation numbers, groups, buses and session times and to confirm costings.

Once we have confirmed numbers we will advise how many parent helpers are required. To be accepted as a parent helper you must have provided the school with a Working With Children Check.

Dates of Program: Tuesday 13<sup>th</sup> March, Wednesday 14<sup>th</sup> March, Thursday 15<sup>th</sup> March, Friday 16<sup>th</sup> March, Monday 19<sup>th</sup> March, Tuesday 20<sup>th</sup> March, Wednesday 21<sup>st</sup> March and Thursday 22<sup>nd</sup> March.

Venue/Address: Dandenong Oasis, Heatherton Rd & Cleeland St, Dandenong.

Cost: Final costings are to be advised once we have confirmed participants. We anticipate the program should be no more than \$20 per child, as the swimming tuition component is subsidised by the Department of Education. Families will be required to pay for the transportation only.

Travel arrangements: Children will be transported to and from the venue by bus. Session times will be advised.

Uniform: During the program children participating are to wear full school uniform. Participating students are asked to bring:

- Swim Wear
- Towel
- Goggles
- Pyjamas/Old Clothes (students will require to swim in full length (long sleeves, long pants) clothing for some assessments)

Permission form and money: Your \$10 non refundable deposit and permissions must be returned by **Tuesday 13<sup>th</sup> February so we may proceed with finalising all details.**

**For this reason no late applications can be accepted.**

*Please send correct money as no change can be given.*

Final costings and balance of payment will be advised and due shortly after 14<sup>th</sup> February.

Olivia Goder  
Coordinating Teacher

John Hurley  
Principal

# THOMAS MITCHELL PRIMARY SCHOOL

## 2018 Water Safety and Awareness Program

***This form, together with a non refundable deposit of \$10.00, is to be returned to school no later than Tuesday 13<sup>th</sup> February 2018.***

***To enable us to continue with organisational arrangements, no late payments will be accepted.***

I give permission for my child .....in class .....  
to participate in the Water Safety and Awareness Program on Tuesday 13<sup>th</sup> March, Wednesday 14<sup>th</sup> March,  
Thursday 15<sup>th</sup> March, Friday 16<sup>th</sup> March, Monday 19<sup>th</sup> March, Tuesday 20<sup>th</sup> March, Wednesday 21<sup>st</sup> March  
and Thursday 22<sup>nd</sup> March. I understand that the students will be travelling by bus to and from the venue.

I enclose a non refundable deposit of \$10

I understand the year 6 swimming program is subsidised by the Department of Education, and that the total cost to me will be approximately \$20 (to be confirmed after 14<sup>th</sup> February, when participant numbers are finalised).

To assist us with organising children into lesson groups, please tick as applicable.

My child:

Has recently participated in other swimming lesson programs.

Has NOT participated in other swimming lesson programs recently.

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

My child has the following medical condition:

.....

and requires the following medication to be administered during this activity

.....

(a medication form has been completed and submitted to school).

Contact / phone for days of program: ..... Phone: .....

Signed: ..... Dated: .....

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I AM WILLING TO ASSIST AS A PARENT HELPER ON THE DAYS circled below (AND I HAVE A WORKING WITH CHILDREN CHECK):

Tues 13/3 Wed 14/3 Thurs 15/3 Fri 16/3

Mon 19/3 Tues 20/3 Wed 21/3 Thurs 22/3

Name:..... Phone:.....

(If accepted as a parent helper, we will contact you with further information.)