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25/01/2024

Dear Parent/Carer

YEAR 4 SWIMMING LESSONS 2024

Swimming lessons for Year 4 will begin in Term 1, Week 6 Monday 26th February, 2024. Lessons will run for 4 weeks and students will have two lessons each week in an indoor heated pool. The pool will not be open to the public nor parents, only supervising teachers and swim instructors. The swimming program will involve the development of water confidence and stroke improvement. The program follows the Austswim Swimming Program.

Dates:

Monday and Friday

Term 1 on the following dates;

(26/02, 01/03, 04/03, 08/03, 11/03, 15/03, 18/03, 22/03)

Where:

Stanford Swim School

97 Flockton Street, Everton Hills, Qld 4053

Permission Form and Survey return date: 16/02/2024

Activity costs:

\$60.00 (invoiced via email beginning Term 1)

Payment Deadline:

16/02/2024

Transport:

Bus

Wear and Bring:

Students come to school in their normal school uniform. Students will change at school before boarding the bus and change back into their school uniform once back at school.

Please bring a bag to school containing the following <u>labelled</u> items:

- Swimming cap (compulsory and can be purchased from the uniform shop)
- Togs
- Towel
- Brush
- Thongs

Students are not to wear hair accessories, jewellery or any other ornaments which may come loose in the water, or present a risk to the wearer or other students.

Instructors:

At Stanford Swim Schools you can be assured that every child in every lesson is considered as an individual, allowing children to learn at their own pace. Stanford Swim School is registered with Austswim, Swim Australia and the Royal Life Saving Society ensuring instructors are highly experienced to provide the best education in Swimming and Water Safety.

Medical needs:

Parents of students requiring medication (e.g. Asthma puffer, EpiPen) will need to ensure the classroom teacher is aware of these requirements. Please ensure these requirements are stated on the consent form attached. Teachers will carry medication.

Risk:

Due to the nature of the activity, it carries a high level of risk. School staff are aware of risks around environmental conditions, activities, facilities, group sizes and adult ratios and effective supervision. All students are advised of the process before starting activities. Parents will be provided with a survey (attached) before the first lesson and instructors will group students in ability levels depending on their needs. Provisions will also be made for any students with a disability and/or medical and/or individual requirements.

Please note:

Students are progressively taught the skills required to master swimming. It is a program objective that as many students as possible attain a satisfactory level of competence by the time they are in Year 4.

Safety and behaviour are priorities. Travelling and compliance at the pool require the utmost discipline. Should any students fail to observe desired standards, they may be excluded or suspended from swimming at the Principal's discretion.

Swimming, including travelling to and from the pool, is lesson time, not "time off" school. Compliance with teacher instruction, quiet movements, orderly behaviour and a desire to do well are of paramount importance.

Refunds:

Refunds will <u>not</u> be given for occasional lessons not attended. Costing is calculated on the total number of students expected to attend, and bus costs and coaching costs still need to be paid, regardless of numbers attending on any particular day. Occasionally lessons may need to be cancelled in the event of an electrical storm for safety reasons.

Attendance:

Swimming lessons are part of the school curriculum as a component of the Health and Physical Education program. If your child has a medical condition which may preclude his or her attendance at swimming for the season, please contact your classroom teacher to discuss this, and to make appropriate arrangements for your child's supervision. Students who cannot attend due to sickness or open infectious sores must have a written note stating the reason for excuse from swimming on such days. This note should be given to the class teacher.

If you wish for your child to participate in the activity, please complete the attached consent form including the survey and return it to your class teacher by 20 February 2024.

Yours sincerely

Dan Bull

Dan Bull/Christian Trajcevski/Kate Naeser

HPE Teachers

Ed Gordon

Deputy Principal

Activity consent form – Year 4 Swimming Lessons – Stanford Swim School

STUDENT NAME:	·	CLASS:	
Parents please complete the following survey. Circle the letter to show your child's swimming ability.			
C. My child can swim fr	eestyle and backstroke 12 eestyle and backstroke 12 eestyle, backstroke and bi I four strokes 25m		
 obtain consent for the nate help coordinate the excur respond to any injury or nate update school records with The information will only be 	med child/student to par sion; nedical condition that ma nere necessary. accessed by authorised have your consent or w	ay arise during or as a result of the excur I departmental staff. The information will i we are required or authorised by law to do	not be disclosed to any other
injured as a result of an acc including medical costs are Medicare. If the parent/care costs must be covered by the	on does not have person ident or incident while pa the responsibility of the r has private health insu e parent/carer. It is up to er their child. Please take	hal accident insurance cover for children/s articipating in the activity, all costs associ parent/carer. Some incidental medical co rance, some costs may also be covered to the parent/carer to decide the type/s and this into consideration in deciding wheth	ated with the injury, sts may be covered by by your provider. Any other ad level of private insurance
 Consent By signing this form, I agree to all the following statements: I have read all of the information contained in this form in relation to the excursion (including any attached material) I am aware that the department does not have personal accident insurance cover for children/students. I give consent for the named child/student, to participate in the identified excursion. I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion. I agree to and understand the refund policy as it applies to this excursion (see Excursion costs) In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor. I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs. I have provided the school with all relevant details of the child/student's medical or physical needs on registration/enrolment and where relevant have updated this information. I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions. 			
Parent/Carer	Name:		
,	Signature:		Date:
	lical information abou ool. Please give full de	t your child at registration/enrolment. tails of any new or updated medical y described in the form.	