



**Eastbourne  
Primary School**  
*Celebrates Success*

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May 2017

Dear Parents,

### **YEAR 1 & 2 SWIMMING PROGRAM FOR 2017**

The Swimming Program for students in Years 1 & 2 will commence on **Tuesday 20<sup>th</sup> June 2017**.

The Swimming Program will be held at the Rosebud Swim Centre, Colchester Road, Rosebud. Children will be instructed by the qualified staff members of the swim centre in an intensive program comprising 5 x 30 minute sessions spanning 2 weeks.

Assuming that enough students participate in the swimming program, the students will be organized into swimming groups which will take place on the following days:-

Tuesday 20<sup>th</sup> June  
Monday 26<sup>th</sup> June

Thursday 22<sup>nd</sup> June  
Tuesday 27<sup>th</sup> June

Friday 23<sup>rd</sup> June

School Council policy requires each student to wear a swimming cap. Caps are available from the school at \$2.50 each. If you wish to purchase a cap, please tick the box on the permission form attached and include an additional \$2.50.

The total cost of the swimming program is \$60.00. (Plus \$2.50 if you require a cap). This cost includes pool entry, bus travel to and from the pool and qualified swimming teachers from the centre.

PLEASE RETURN THE ATTACHED PERMISSION FORM WITH PAYMENT OPTIONS BY FRIDAY 27<sup>TH</sup> MAY 2016.  
PAYMENT S MUST BE MADE IN FULL **NO LATER THAN Tuesday 6<sup>th</sup> June 2017.**

Regards,

Stephen Wilkinson  
Principal

**PLEASE RETURN THIS WHOLE PAGE TO YOUR CHILD'S CLASS TEACHER**

**YEAR 1 & 2 - SWIMMING PERMISSION FORM - 2017**

My child \_\_\_\_\_ Room No \_\_\_\_\_ has permission to participate in the school swimming program at Rosebud Swim Centre commencing Tuesday 20<sup>th</sup> June 2017.

I understand that the children will be transported by bus to and from the venue.

Where the teacher in charge is unable to contact me, or it is otherwise impracticable to communicate with me, I authorise the teacher in charge to,

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first aid as the teacher in charge may judge to be reasonably necessary,
- and I agree to pay any expenses incurred for such services as well as ambulance costs in the event of it being needed.

Please indicate if your child suffers from either or both of the following and if so ensure medication and clear instructions for dosage are given to your child's class teacher :-

Asthma                       Epilepsy                       Other  \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

**Emergency telephone contact name and number**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Cost of Swimming Program is \$ 60.00**

- My child WILL NOT be attending the Swimming Program**
- \$60.00 enclosed for swimming program payment
- I wish to use my CSEF for swimming program payment
- I wish to purchase a swimming cap and I enclose an extra \$2.50.
- My child already has a cap and will bring it to swimming each day.
- I wish to be contacted regarding a payment plan for the swimming program