IN-TERM SWIMMING PROGRAM 2024

At Chidlow Primary School, all students from Pre-primary to Year 6 can participate in in-term swimming lessons co-ordinated by the Department of Education's Swimming and Water Safety Section.

This year, lessons will be conducted in Term 1 at the Mt Helena Aquatic Centre from **Monday 12/02/2024 to Friday 16/02/2024**. Student participation is strongly encouraged as the program forms part of our Physical Education curriculum and develops your child's water safety and swimming skills. Students not attending swimming lessons will remain at school and be provided with an educational program.

ENROLMENT FORMS

A swimming Enrolment Form must be completed and returned for each child participating in the program. It is important to include on the form the stage a child is 'going for' and not the stage they have already achieved. If you are unsure of your child's stage, or they have attempted a stage three times unsuccessfully, please include this information so that additional support may be arranged.

You are also required to record on the form any medical conditions that may affect your child's safety in the water. If your child has a medical condition involving periodic loss of consciousness, a medical clearance will be requested prior to lessons commencing.

SWIMMING FEE

The cost for students to participate in swimming is $35.00 per child and covers the cost of bus transportation and pool entry. Payment can be made via cash, EFTPOS, or direct deposit. Please see below for direct deposit details:

Account Name: Chidlow Primary School
BSB: 066 115
Account Number: 1053 3053
Reference: Surname and Swimming

Payment and completed forms must be returned to the school by **Friday, 02/02/2024**. No late forms or payments can be accepted. Please contact the front office on 9573 7200 if you are unable to make payment before this date or would like to discuss payment options.

PARENT CONSENT FORM

In addition to completing the swimming Enrolment Form, parents are also required to complete and sign the attached consent form for your child to participate in this activity, travel by bus, and to receive medical treatment if required. Please return the Consent Form with the Enrolment Form by Friday, 2nd February 2024.

SPECTATORS

Although we appreciate parents/carers attending lessons to support their children's participation, we respectfully request that parents/carers do not interfere with the running of the lessons. In addition, parents/carers are not permitted to enter change rooms whilst children are changing after swimming.

EARLY COLLECTION OF CHILDREN

Should you need to collect your child from the aquatic centre, please provide prior notice to the school and sign students out from the School Administration before collecting them from the pool.

SWIMMING SCHEDULE

An updated swimming schedule will be sent home in week 1 of Term 1, notifying parents of swimming times and items required for swimming lessons.

Should you have any further queries regarding swimming lessons, please do not hesitate to contact Deputy Principal, Josh Dorozenko, on 9573 7200.

INTERM SWIMMING CONSENT FORM 2024

CHILD'S NAME:_____ YEAR 2024: _____

- I give permission for my child to travel by bus and participate in the Interm Swimming Program at Mt Helena Aquatic Centre from Monday 12/02/24 to Friday 16/02/24.
- I am aware that any medical costs incurred as a result of an accident/ illness will be the responsibility of parents / caregivers.
- I am aware that school staff are not responsible for any loss or damage to student personal items that may occur over the course of this excursion.
- I agree to inform the school before the scheduled excursion of any changes to my child's health and fitness so that appropriate supervision may be arranged.
- I understand that prior notice must be given to the school if students are to be collected from the Aquatic Centre.

Medical Details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies, or any condition that may affect is or her safety during this activity?
Yes ☐ No ☐

If 'Yes', please give details _____

_____

Is your child allergic to Penicillin ☐ Any other drug ☐ Any food ☐ Other _____

Please give details_____

Medication

Parents are requested to make arrangements with the Principal for the safe keeping and handling of medications required for this activity.

Is your child presently taking tablets and/or other form of medication? Yes ☐ No ☐

Does your child self-administer the medication? Yes ☐ No ☐

State name of medication, dosage, and frequency of use:

_____

Other Information

Please provide any other information about your child which will enable the organisers of this excursion to provide better care for your child.

_____

Name of Family Doctor: _____ Phone no: _____

Parent's Full Name: _____ Best contact no: _____

Parent's Signature: _____ Date: _____

Government of Western Australia
Department of Education

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School Chidlow Primary School
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend Department of Education's Interm Swimming classes at Mt Helena Aquatic Centre

Commencing on 12 / 02 /2024 Enclosed is payment of $ 35.00 (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability*** that may affect his/her safety, or require the school to provide learning adjustment? ☐ **NO** ☐ **YES** Please provide further information below if necessary**

_____

_____

Please provide details of medication currently being taken (if applicable):

_____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g. previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL

_____

_____

Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

***If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.*

I agree to inform the organizers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorize the school staff to consent to my child receiving such medical treatment as considered necessary

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10.Jnr Swim& Survive/ Surf Stage 10
3. Preliminary	11.Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12.Snr Swim & Survive/Surf Stage 12
5. Water/Surf Safe	13 Wade Rescue/ Surf Stage 13
6. Junior	14.Accompanied Rescue/ Surf Stage 14
7. Intermediate	15 Bronze Star (pool only)

My child is going for Stage Number ☐

Unsure please grade ☐

My child has attempted this 'going for' stage three times in Department of Education classes without passing ☐
Please attach copies of last three (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)