



St. Bernard's

Catholic Primary School, East Coburg

Year 3/4 Swimming Program: November & December 2024

Dear Parents/Guardians,

The Year 3/4 Swimming Program is fast approaching. The children will be swimming on the following dates at the Coburg Leisure Centre, at Bridges Reserve, Bell St Coburg:
The program will involve two sessions per week for three consecutive weeks from 10:30-11:30am on each of the dates listed below:

- Monday 25th November and Tuesday 26th November
- Monday 2nd December and Tuesday 3rd December
- Monday 9th December and Tuesday 10th December

The children will be walking to and from the Leisure Centre accompanied by their classroom teacher and other St Bernard's staff members. On swimming days, the children can wear their sports uniform and their hats. They will need to bring a towel, bathers as well as caps or goggles. It would be best if they wear their bathers under the sports uniform to school, as this will allow more swimming time and less changing time once we arrive at the pool.

The program is subsidised by the Federal Government, therefore the program **will only cost parents \$35.00 for 6 hours of swimming lessons**. Parents will be invoiced and payments are due by Thursday 21st November.

Could you please fill in the attached form giving your child permission to walk to and from the venue and take part in the swimming lessons at the Coburg Leisure Centre. The lessons will only be cancelled if the weather means students cannot safely walk to the Leisure Centre. We will encourage students to bring an umbrella/ coat if light rain is forecast.

There will be no refunds offered if a child is sick or a session/s have to be cancelled for any reason.

Regards,

Joanne Doherty

Joanne Doherty
Principal

**Year 3/4 Swimming Program: November & December 2024
Permission Slip**

I give my child _____ in Year 3/4 _____ permission to attend the Year 3/4 Swimming Program, walking to and from the Coburg Leisure Centre on the following dates:

- Monday 25th November and Tuesday 26th November
- Monday 2nd December and Tuesday 3rd December
- Monday 9th December and Tuesday 10th December

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

I also understand that there will be no refunds offered if a child is sick or a session/s has to be cancelled for any reason.

Signature _____ Date _____

Parent or Guardian

Contact No. (Parents/Guardian) (H) _____
(mobile) _____

Emergency Contacts:

Name: _____ Phone: _____

Relationship to Child _____

Does your child have any temporary/permanent medical problem of which the teacher in charge should be aware?

Please return this form and make payment of \$35.00 by Thursday 21st November.