



GREAT EXPECTATIONS
GREAT ATTITUDE
GREAT OPPORTUNITIES

apollo – swimming program 2017

grades - prep, 1 & 2

8th September 2017

Dear Parents,

The swimming component of the Physical Education program will begin in Term 4. All children in Grade Prep, Grade 1 and Grade 2 will be given the opportunity to participate in the swimming program, which is conducted at the Yarra Swim School (Sainsbury Avenue, Greensborough. Melway Ref: 20H-5).

The sessions will be of 40 minutes duration and will concentrate on aspects of survival swimming, safety, elementary to advanced rescue techniques and correct swimming styles. The program caters for all groups, from beginners to advanced, under the direction of qualified instructors.

If children are unable to swim on any particular day they will be required to attend the pool as all supervision of grade arrangements are set for the duration of the program.

The program will commence on **Monday 16th October and conclude on Tuesday 5th December**. Your child will participate in one session per week for 7 weeks, with a water games and skills session to finish off the program. **Grade Prep will swim on Mondays and Grade 1 and 2 will swim on Tuesdays**. There will not be swimming on the 6th and 7th November (due to Curriculum Day and Melbourne Cup Day).

Could you please sign the permission form below and return it together with the payment of **\$80.00** by **Monday 9th October** (1st day of term 4). If you have any queries, please contact me **before** this date.

Jan Arney
Physical Education Teacher

Return Slips – By **Monday 9th October**

Teacher Copy

Grade Prep, 1 & 2 Swimming Program – 16th October to 5th December 2017

Parent/Guardian Name (please print) _____

I give permission for my child _____ in Grade _____ to participate in the above swimming program and I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent Signature: _____ **Date:** ____ / ____ /2017

Emergency Phone Numbers: (Home/Bus.) _____ **(Mobile)** _____

Office Copy

Grade Prep, 1 & 2 Swimming Program – 16th October to 5th December 2017

Parent/Guardian Name (please print) _____

I give permission for my child _____ in Grade _____ to participate in the above swimming program and I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent Signature: _____ **Date:** ____ / ____ /2017

Emergency Phone Numbers: (Home/Bus.) _____ **(Mobile)** _____

Paid by: (please tick)	<input type="checkbox"/> MasterCard/Visa	<input type="checkbox"/> EFTPOS	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash
<input type="checkbox"/> Qkr! App – Qkr!	Receipt No. _____		Date Paid ____ / ____ / ____	

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CONFIDENTIAL MEDICAL REPORT

This report is intended to assist the school in case of any medical emergency with your child. All information is held in confidence and these forms will be destroyed after the swimming program.

DETAILS: Venue: YARRA SWIM SCHOOL Dates: 16th October – 5th December, 2017

Child's Name _____

Date of Birth: _____ Grade: _____

Parent's/Guardian's Full Name: _____

Address: _____

Telephone Numbers: Home: _____ Work: _____

Mobile Phone Number: _____

Emergency Contact: (If above not answering): Name: _____

Telephone Number Business Hours: _____

Name & Address of Family Doctor: _____

Telephone No: _____

Medicare Number: _____ Ambulance Subscriber: Yes/No

Please tick if your child suffers any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | <input type="checkbox"/> Allergies to Penicillin |
| <input type="checkbox"/> Allergies to Other Drugs - Please Specify: _____ | | |

Other Illnesses _____

Other Allergies _____

Other experiences/problems related to swimming/water _____

Tablets and Medicines:

Is your child presently taking tablets and/or medicine? _____

If YES, please state name of medication, dosage etc.: _____

Parent's/guardian's/carer's full name: _____

Signed: _____

Date: ____/____/2017

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Dear Parents,

To assist us with our planning for a successful swimming program, could you please complete the attached sheet on water confidence criteria to assist us with placing your child in a group with those of similar ability. The qualified swimming teachers will be able to use this valuable information to ensure that lessons begin promptly from session one.

Please return this form to your classroom teacher by **Monday 9th October, 2017.**

Thanking you,

Jan Arney



GRADING CRITERIA

Child's Name: _____ Grade: _____

Please circle the number of the description that best describes your child.

- 1 Beginner with little or no previous water experience, who displays little or no confidence around water. Requires flotation aids for most activities.
- 2 Confident beginner who is comfortable in water. Can submerge and blow bubbles. Can kick on their back and front with assistance for a short distance.
- 3 Confident in the water. Can kick on their back unassisted (10 metres) and kick on their front 10 metres with a kickboard. Is beginning to learn freestyle and backstroke techniques.
- 4 Confident and competent in the water. Can swim 10 metres backstroke and ready to attempt freestyle unaided.
- 5 Confident and competent in the water. Can comfortably swim 20 metres backstroke and can swim 5 metres basic freestyle (learning breathing). Developing survival skills.
- 6 Very confident and competent in the water. Can comfortably swim 50 metres backstroke and 20 metres freestyle using correct and efficient stroke technique. Ready to be introduced to breaststroke.
- 7 Very confident and competent in the water. Able to swim up to 50 metres backstroke and 50 metres freestyle using correct and efficient stroke technique. Have been introduced to breaststroke.
- 8 Very confident and competent in the water. Can correctly and efficiently swim 100 metres backstroke, 100 metres freestyle, 25 metres breaststroke and able to or ready to learn to butterfly.