



Brooke Avenue Public School

Brooke Avenue, Killarney Vale East, NSW, 2261

Ph: 02 43331022 Fax: 02 43326570 Email: brookeave-p.school@det.nsw.edu.au

2.08.23

WATER ACTIVITIES/SWIMMING

Brooke Avenue Public School, 'Intensive Learn To Swim'

Term 3, Year 2 & Support Class

CHANGE OF DATE

Dear Parents and Carers,

Due to circumstances beyond our control we have had to change the dates of the intensive learn to swim program. The new dates will now be Term 4 Week 6 & 7.

New Dates:

Week 6 - 13th November-17th November

Week 7 - 20th November - 24th November

If you have already secured your place you will still need to complete another permission note due to the change of travel date. If you are yet to secure your spot and would like your child to attend, please fill in the permission note attached.

Places for the swimming program are filling up fast. To secure your child's place, payment must be made by **Friday 8th September**.

Cost:	\$65.00 (Includes bus and entry to the pool) NB: Payment may be made in small amounts if required. \$25 by 31 st August \$20 by 1 st September \$20 by 8 th Septemeber
Payment Options	<ul style="list-style-type: none">• 'Parents online payment' through school website https://brookeave-p.schools.nsw.gov.au/• Cash to office

Jade Harkins
Organising Teacher

Learn, for the future is ours



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Brooke Avenue Public School Intensive Learn To Swim Program 2023 PARENT/CARER CONSENT FORM

Permission note and payment due by: Friday 1st September, 2023

I give permission for my child _____ of class _____
to attend the Brooke Avenue Public School Intensive Learn to Swim Program at 5 Star Swim Centre,
Tuggerah, from **13th - 17th November (Term 4, Week 6) & 20th - 24rd September (Term 4, Week 7).**

- ☐ I have enclosed \$65
☐ I have made a 'Parents Online Payment'

Receipt number: _____

- ☐ I have already paid

Transport: (please tick below)

I understand that: (please tick)

- ☐ Students will be travelling by bus to and from **5 Star Swim Centre Tuggerah**

Additional Information: (please tick below)

I understand that:

- ☐ I must arrive to school by 8:55am
☐ Students must wear the appropriate clothing, swimwear & shoes (no thongs).

Students who don't dress appropriately will not be able to attend the program.

Student Medical Details: (please complete/tick)

Medicare number: _____ Expiry date: _____

Does your child have a medical condition, allergy or special needs (please circle) **YES / NO**

If yes, please detail the medical condition, allergy or special needs that staff should be aware of.

- ☐ In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.

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Response: (please complete/tick)

In relation to the proposed structured aquatic activities: (Please tick ☒ one)

- ☐ My child is permitted to go in the water
☐ My child is NOT permitted to go in the water

Swimming Ability

I advise that my child is a: (Please tick ☒ one)

<input type="checkbox"/>	strong swimmer	My child is a strong swimmer and is very confident in deep water
<input type="checkbox"/>	average swimmer	My child is a reasonable swimmer but is not very strong or confident in deep water.
<input type="checkbox"/>	poor swimmer	My child is comfortable and confident in shallow water but cannot swim very well.
<input type="checkbox"/>	non-swimmer	My child is unable to swim.

- ☐ I give permission for my child to receive medical treatment in case of emergency

My Medicare number is: _____

Signed: _____

Full Name (parent): _____

Mobile phone: _____

Date: _____