Dear Parents/Guardians,

This year Foundation students will be walking to Toby Haenen Swim Centre for 6 days over two weeks. The program starts Tuesday 18th October and finishes on Thursday 27th October. The first day is Tuesday 18th October.

<table>
<thead>
<tr>
<th>Week One</th>
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<th>Week Two</th>
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<tbody>
<tr>
<td>Tuesday 18th October</td>
<td></td>
<td>Monday 24th October</td>
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<td>Wednesday 19th October</td>
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<td>Tuesday 25th October</td>
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<td>Friday 21st October</td>
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<td>Thursday 27th October</td>
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Children need to wear shoes as due to health and safety issues we cannot let them walk in thongs to the pool. Please check before the first swimming day that your child’s bathers fit – as we often have problems with loose bathers (stretched elastic) or children who have grown out of them! Goggles are also useful if your child wants to wear them.

Children can wear their bathers under their school uniform if they wish. Their bathers/underwear and towel should be in a sturdy, separate bag that is useful for placing wet items after swimming. After their lesson the children will change into their school clothes.

We will be eating snack, lunch and fruit at the school however our eating times will vary depending on departure from, and arrival to, school. Please send some extra healthy food as the children are often very hungry after swimming.

Parents are very welcome to walk with us to, and /or from, the Toby Haenen Centre, 10 Ashley Park Drive. The maximum number of students per session is 36 students. You are also welcome to come and assist them in changing after the session. You require a ‘Working with Children Check’. Please be aware that each student attending the program will need to wear a swimming cap in the pool. (Caps are available for purchase at the pool)

We will inform you of your child’s group along with session time at a later date following consultation with the swimming centre. The cost for the swimming program is $38 per student. Please sign the QKR! permission form for the swimming program when you pay via QKR!

Thank you

Travis Stevenson
Physical Education and Health Coordinator
**EXCURSION NOTICE**

<table>
<thead>
<tr>
<th>Excursion Details:</th>
<th>SWIMMING PROGRAM @ Toby Haenen Swim Centre, 10-12 Ashley Park Dr. Chelsea Heights, 3196</th>
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<tbody>
<tr>
<td>Levels:</td>
<td>Foundation</td>
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</tbody>
</table>
| Dates:            | **WEEK 1**  
|                   | Tuesday 18th Oct (FIRST DAY)  
|                   | Wednesday 19th Oct  
|                   | Friday 21st Oct  
|                   | **WEEK 2**  
|                   | Monday 24th Oct  
|                   | Tuesday 25th Oct  
|                   | Thursday 27th Oct |
| Travelling Arrangements: | Walking |
| Departure Time:   | Group information will go home once numbers are finalised |
| Return Time:      | Both groups will return to school straight after their session (once the children have changed) |
| Staff member/s responsible: | Travis Stevenson (Coordinator), Foundation Classroom Teachers |
| Cost              | $38. **Students that have not paid will, unfortunately, not be able to attend.** |
|                   | You can pay AND sign permission on Qkr! |

ONLY return the paper form below if you have not used QKR! Please pay and sign by: Fri 7th Oct 2016.

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CHLESA HEIGHTS PRIMARY SCHOOL EXCURSION PERMISSION FORM

**CHPS SWIMMING PROGRAM (Foundation) EXCURSION – Tuesday 18th Oct – Thursday 27th Oct 2016**

I give permission for my child to attend the **CHPS SWIMMING PROGRAM** excursion.

**STUDENT’S NAME:______________________________ LEVEL:_____**

In the event of illness or injury to my child, I authorise the teacher in charge of the excursion, where it is impracticable to communicate with me, to consent to emergency medical arrangements / treatments on my behalf, as are deemed necessary by a qualified medical practitioner. Medical information concerning my child the teacher should know:

______________________________

Signed: ________________________________ Date: ____/____/2016  

Parent / Guardian

Name of Parent/Guardian:______________________________

My phone number for the day in case I need to be contacted: ____________

______________________________

*I wish to volunteer as a helper on the day* YES / NO (please circle appropriate response)

Name of Parent/Guardian______________________________

Should your assistance be required staff will contact you, should you receive no response then your assistance has not been necessary at this time. We thank you for your offer.

Please note that you require a ‘Working with Children Check’ to volunteer on excursions.