Dear Parents/Guardians,

The Year 5 Swimming Program will commence on Monday 17th November, continue on Tuesday 18th November, with the final session on Wednesday 19th November, at the Williamstown Lifesaving Club. The children will leave school at 9:15am and return to school at approximately 2:30pm each day.

We are utilising the Williamstown Lifesaving Club as we will have exclusive rights to the club house and beach facilities, particularly if it does rain, we will be able to utilise the indoor facilities to maintain the continuity of the program.

Children will need to ensure they bring (Please note that all items must be labelled):

- Bathers, Towel & Rash Vest/Top
- Sunscreen
- Sunsmart Hat
- Water Bottle
- Wet Suit (particularly on colder days)
- Snack and Lunch (there will not be any canteen facilities available)

There will be a cost of $90 for the bus and lessons. Payment can be made by cash, cheque or eftpos. If paying by cash or cheque, please place payment in an envelope with your child’s name, class and amount and the permission slip attached to the outside of the envelope. If paying by eftpos, please pass the permission slip to your child’s teacher.

Please note that the bus that the children will be travelling on will be fitted with seatbelts.

Sarah Nobbs
Sports Coordinator

Please return permission slip to school along with the $90 payment by Friday 7th November.

Student Name _________________________________________ Class _____________

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

Please indicate if your child is taking any medication or has any medical condition that we should be aware of:

Anaphylaxis  Yes/No
Asthma:      Yes/No
Other:       Yes/No

If Yes: Does your child have an epipen at school?  Yes / No
If Yes: Does your child require regular medication?  Yes / No

Please add details below ____________________________________________

________________________________________
Parent/Guardian Name

________________________________________
Parent/Guardian Signature

Date _____ / _____ / _____  Contact Number ____________________________
Williamstown North Intensive Beach Program
Parent Helpers Request Form

Year 5 Beach Program

We need a parent helper to assist with the travelling on the bus each day. Your assistance for the Beach Program would be greatly appreciated.

Daily from 9:15am till 2:30pm

Parent Name

Child’s Name: ___________________________ Class: _____________

WWCC Number: ____________________________

Could you please indicate the days you can attend;

Monday November 17th    Yes/No
Tuesday November 18th    Yes/No
Wednesday November 19th Yes/No