

18 September 2024

Dear Parents/Carers,



Rockingham Beach
Education Support Centre

Term 4 Swimming Lessons

As part of our health and physical education curriculum program, students from Years 1 to 6 have the opportunity to participate in Term Four swimming lessons. These lessons will be run by the swimming teachers at the Kwinana Recquatic Centre, Skerne Street/Robbos Way, Kwinana. Staff from the Education Support Centre will be present at lessons.

The Kwinana swim school program presents a unique opportunity for special needs students to develop skills and share experiences in a safe aquatic environment. This program is endorsed by the Royal Lifesaving Society Australia. The special classes are kept small allowing for individual instruction.

As we feel that all the students will benefit greatly from this program the school will subsidise the cost, by reducing the fee to **\$80.00 for Term 4 including transport by bus**. This can be paid in full or instalments by contacting Leslie Eddy (9591 6714) prior to commencement of lessons in Term Four.

All students will be swimming on Thursdays for Term 4.

DATES: Thursdays: 17/10, 24/10, 31/10, 07/11, 14/11, 21/11, 28/11, 05/12

WHERE: Kwinana Recquatic Centre, Skerne Street/Robbos Way, Kwinana

TIME: Rm 21 & 22: 9.30am to 11.00am. Rm 19: 10.15am to 11.45am. Rm 2 & 23: 11.00am to 12.30pm.

TRANSPORT: By bus with seatbelts (fully subsidised by ESC)

STUDENT NEED: Bathers, towel, underwear and a bag for wet bathers/towel

COST: All Students - 8 lessons \$80.00 per student

Payment can be made in full or by instalments by one of the following methods:

Cash or EFTPOS in the ESC office.

Online banking, direct debit	BSB	066 159
	Bank:	CBA
	Account:	00903823
	Reference:	(Swim & child's name)

Please could you return the attached forms on or before Friday, 11th October 2024.

Please do not hesitate to contact me if you require any further information.

Yours Sincerely

A handwritten signature in black ink that reads "D. Logan".

Demi Logan
PRINCIPAL



Building brilliant futures
for our families



Rockingham Beach
Education Support Centre

Consent Form for 2024 Kwinana Swim School, Swimming Program
Held at Kwinana Recquatic Centre, Skerne Street/Robbos Way, Kwinana
Term 4 dates: Thursdays: 17/10, 24/10, 31/10, 07/11, 14/11, 21/11, 28/11, 05/12
Transport by Bus or Private Vehicle

Parent Information Note:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

In the case of excursions not involving an overnight stay, costs incurred as a result of accident or illness is the responsibility of the parent/guardian.

The school camp/excursions insurance policy applies for approved camps/excursions involving an overnight stay. The policy covers students to a maximum of \$10,000 for medical and ancillary expenses where Medicare or private health insurance does not cover these costs.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

****Private Vehicle Clause:** In order to comprehensively ensure the safety of our students and allow them to access learning opportunities to the fullest extent, it may become necessary to transport your child in a private vehicle in the following circumstances:

- In order to maintain or re-establish student safety.
- In order to transport your child to or from an excursion in the event of a behavioural incident.
- In the event of an emergency as identified by a designated staff member of the school.
- A designated staff member of Rockingham Beach Education Support Centre will be identified to transport your child to or from an excursion in the event of a behavioural incident or emergency.
- I am aware that staff members are not responsible for injuries or damage to property which may occur during transit where, in all circumstances, staff have not been negligent.

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PARENT / CARER CONSENT FORM FOR: STUDENT: _____

**CONSENT FORM FOR EXCURSION: 2024 Swimming Lessons at Kwinana Recquatic Centre,
Skerne Street/Robbos Way, Kwinana.**

Term 4, Thursdays: 17/10, 24/10, 31/10, 07/11, 14/11, 21/11, 28/11, 05/12

Transport by bus or private vehicle

TO BE RETURNED SIGNED TO THE SCHOOL BY: Friday, 11th October 2024.

PARENT CONTACT INFORMATION

Parent/Guardians Name: _____

📞Home: _____ | 📞Work: _____ | 📞Mobile: _____

Other Adult Emergency Contacts on the day:

Name _____ 📞 _____

I have read and understood the information regarding the swimming lessons at the Kwinana Recquatic Centre, Skerne Street/Robbos Way, Kwinana on the advised dates for term 4 and I give my consent for my child _____ to attend. I have read and understand the ** Private Vehicle Clause above.

Term 4 payment due \$80 per student.

Payments can be paid via cash or EFTPOS to the ESC office or by online banking. If you would like to pay by instalments, please contact 9591 6714 to make arrangements prior to commencement of lessons.

BSB 066 159 Bank: CBA Account: 00903823 Reference: Swim & child's name

Signature of Parent/Guardian: _____ **Date** _____



2024

CONSENT FOR EXCURSIONS INCLUDING WATER-BASED ACTIVITIES AND HEALTH DETAILS



Rockingham Beach Education Support Centre

Strictly confidential

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Students Name: _____ Date of birth: _____

Parent/Guardian's Full Name: _____

Address: _____ Suburb: _____

Telephone: Home: _____ Mobile: _____

Name of child's doctor: _____ Telephone: _____

Table with 2 columns: Stage No. and description. Rows include Beginner, Intermediate, Water / Surf Discovery, Water / Surf Wise, Preliminary, Senior, Water / Surf Awareness, Jnr Swim & Survive, Water / Surf Sense, Swim & Survive, Junior, Snr Swim & Survive.

My child has achieved Stage: []

Unsure: []

Comments: _____

Note: Details of swimming ability related to the excursion. Schools need to request information from parents regarding students' skills and abilities in the context of the excursion, eg. ocean, pools

Is your child subject to asthma, seizures, fits, fainting, epilepsy, diabetes or any other condition which may affect his / her safety during aquatic activities? Yes [] No []

If 'yes' please give details _____

Unless such conditions are listed and the form returned, care for your child may not be as effective as required.

Table with 3 columns: Is your child allergic to, Yes or No, Give details. Rows include Penicillin, Any other drug, Any food, Other, Any special care required, Concern/Anxiety.

More details if needed: _____

Arrangements for the safekeeping and handling of medications must be made prior to all excursions.

Does your child take regular medication Yes [] No []

Does your child self-administer the medication? Yes [] No []

If 'yes' give details (dose, when, why) _____

I understand that this form is accompanies all future permission notes for any excursions throughout the year. I agree to inform the office of any changes during the year Phone: 9591 6777 or rockinghambeach.esc@education.wa.edu.au

I understand that staff will call the listed emergency contacts and/or seek medical assistance in the event of an incident/accident.

Signature of parent/guardian _____ Date _____



This form must be saved to your computer before completing. Forms completed in a web browser may not save correctly and your application could be lost. Please open and complete this form using Adobe Reader, which can be downloaded for free [here](#).



KWINANA
RECQUATIC



Kwinana Swim School Medical Form

Endorsed by the Royal Lifesaving Society Australia

MEDICAL CONDITIONS: Please specify any existing medical conditions or disabilities that will/could affect the student's swimming.

Student's name: <input type="text"/>	D.O.B: <input type="text"/>	Swimming level: <input type="text"/>
Parent/guardian name: <input type="text"/>	Contact number: <input type="text"/>	
Emergency contact name: <input type="text"/>	Emergency contact number: <input type="text"/>	
Child's medical practitioner: <input type="text"/>	Practitioner number: <input type="text"/>	

Please state all information on your child's medical condition:

Have you had consent from you child's doctor to participate in lessons?

yes no

Does your child have any limitations that may hinder them in lessons?

yes no

If yes, please provide details:

Has your child had any swimming experience before?

yes no

If yes, please provide details:

Does your child have any communication needs? (i.e. verbal, non verbal, signing)

yes no

If yes, please provide details:

Does your child have any dislikes that may impact on learning to swim?

yes no

If yes, please provide details:

What is you goal/s for enrolling your child into swimming lessons? (i.e. fun, safety, exercise etc).

Please provide any other relevant information that maybe helpful for your child during lessons: