Dear Parents,

Mount Dandenong Primary School is committed to providing the community with a successful swimming program. The Grades Prep – 2 children will be taking part in a two week course of daily 40 minute lessons. This year we will be swimming at Monbulk Aquatic Centre, 26 Baynes Park Road, Monbulk from Monday 27th July – Friday 7th August at the following times:

<table>
<thead>
<tr>
<th>Group</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>11:55am to 12:35pm</td>
</tr>
<tr>
<td>Group 2</td>
<td>12:35pm to 1:15pm</td>
</tr>
</tbody>
</table>

Note: Students will be notified which group they are in closer to the date.

To enable students to be placed in their correct groups, **we require a firm commitment of intent and / or payment from parents by Friday, 17th July (first week after holidays).** Please complete and return the slip below to your child’s classroom teacher. Full payment is required by **Friday the 24th of July.** The program will be conducted by qualified AUSWIM instructors at a total cost of **$90.** Anyone experiencing financial problems please see Michael Leonard.

We strongly encourage all children to attend this program and if, for any reason you are unsure of your child’s participation, please see me.

Some parent helpers are also required to help out. If you are able to help and have a working with children’s check, please indicate on the form below.

Students are required to bring the following things for the program: Bathers, towel, change of clothes, goggles, drink bottle and a bag to take to swimming.

*Kathleen Kean, Sports Co-ordinator*

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PREP / GR 1 / 2 SWIMMING PROGRAM AT MONBULK AQUATIC CENTRE
Monday 27th July – Friday 7th August, 2015

I hereby consent to my child ..........................................................participating in the junior school swimming program as announced by the school.

Please find enclosed **$90** cash/cheque as payment for the program. If you would prefer to pay by credit card or EFT, please see the office.

I authorise the teacher in charge of the program to consent, where it is impracticable to communicate with me, to my child receiving such medical attention as may be deemed necessary.

Name of parent helper with a working with children’s check............................. (Note: You will be contacted if required).

Emergency telephone contact during program........................................

Signed............................................