Our Ref: AA/AMT/ Swim Y1 3rd December 2018

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Dear Parent/Guardian

# SWIMMING LESSONS

Year 1 will be the next group to go to Weymouth Swimming Pool. The dates that the children will attend the pool are:-

**09/01 16/01 23/01 30/01 06/02 13/02 - 6 SESSIONS**

Children will need a towel, costume (both named), a swimming hat (with the child’s first name on the outside) and a bag to keep them in. Swimming hats, (yellow ones) are available at a cost of £1.60 from the School Office. Traditional swim trunks should be worn (for boys) and traditional costumes (for girls) should be worn. (Shorts or bikinis are not suitable). Children must wear school uniform.

\*\*Verrucae – the pool guidance is that children may swim provided verrucae are being treated with GLUTAROL. **Goggles warning**: Goggles are helpful in the main pool, but children have to be responsible with them and it is parent’s responsibility to ensure they can put them on and remove them safely).

In order to cover the expenses involved children should bring their contribution to School (cheques made payable to St John’s School) to cover the cost of all 6 sessions **(£5.00 per session) i.e. £30.00** together with a signed permission slip by **Friday 21st December.** Please return this to the Class Teacher. All our instructors have obtained qualifications from the Amateur Swimming Association. You can now pay for swimming lessons weekly or by making one payment using the online payment system (www.schoolmoney.co.uk) or direct to the class TA by cash or cheque. Even if your child attends private lessons outside of school time it is still a recommendation that children attend school sessions as they do benefit by attending both.

Yours sincerely

Mrs Amanda Aze

Headteacher

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**PERMISSION SLIP – SWIMMING CLASS – YEAR 1**

Name of Child……………………………………………………………………………………………………….

Dates: **09/01 16/01 23/01 30/01 06/02 13/02 - 6 SESSIONS**

I give permission for the above named child to travel to Weymouth Swimming Pool on the above dates for swimming. I consent to any medical treatment that may be considered necessary.

Emergency Contact Name …………………………………………. Tele No ………………………………..

My child has a medical condition/takes medication for………………………………………………………….

[ ] Payment for 6 sessions enclosed (£30.00) or [ ] I have paid/am paying using the online payment system.

Signed ……………………………………………………….. Date………………………………………………