



16th January 2017

Dear Parent/Carer

Yr 4/5 SWIMMING PROGRAMME

More places have now become available on our Yr4/5 swimming programme and we would like to offer your child a place.

The next session will take place on Thursday 19th January 2017.

We will be leaving Delapre Primary School at 2.45 pm, we will travel by bus to The Mounts Swimming Pool and will return to school by 4.30 pm.

The first term runs to up 9th February. There is a nominal charge of £1 per lesson (£4 for the term, to be paid by Wednesday 18th January).

To secure your child's place, please complete the attached sheet and return it to me with a **payment of £4 by Wednesday 18th January**. Places are heavily subsidised. If your child chooses to leave the swimming programme during this half term period, you will be charged for the remaining sessions of the half term at a rate of £5 per session.

On Thursday 19th January your child will need to bring their swimming kit - towel, trunks (boys) or all-in-one swimming costume (girls).

Thank you for encouraging your child to be part of this programme.

Yours faithfully

D.E. Thomas

D Thomas
PE Co-ordinator





OFF-SITE DAY VISIT PARENTAL CONSENT FORM CONFIDENTIAL INFORMATION

Information given on this form will not prejudice the inclusion of your child on the trip.
It is essential to complete this form accurately in the interests of your child's safety.

Pupil's forename _____ Pupil's surname _____
Class _____

Visit to: **SWIMMING PROGRAMME – 4 WEEKS starting on Thursday 19th January until Thursday 9th February 2017 at the Mounts Baths, Northampton**

Leaving at: **2.45 pm**

Returning: **4.30 pm – collection from front of school**

I wish my son/daughter to take part in the above mentioned programme and having read the attached letter I agree to him/her taking part in the activities described.

My child will/will not* be wearing swimming goggles during lessons (*please delete as appropriate). I have instructed my child how to put on and remove goggles correctly and accept responsibility for any injury caused by the wearing of goggles.

I shall instruct my child to wear a seat-belt whilst travelling by motor vehicle and to abide by any other safety instructions and behavioural requirements.

Signed _____ Print Name _____
Father - Mother - Legal Guardian

Does your child have any medical conditions relevant to the programme? Please give details:

Does your child suffer from ASTHMA? Yes / No

Does your child have an inhaler in school? Yes / No

To ensure that parents may be contacted if necessary - please complete the following:

Telephone numbers:

Home: _____

Work: _____

Mobile: _____