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8th October 2018

Dear Parents/Carers,

Swimming Lessons - Year 5 & 6
30th October - 11th December Inclusive (Not 6th November)

We have arranged for the children to swim on Tuesday mornings for 6 weeks at Faversham Pool. They will travel by coach, departing Taylor's Hill at 8.40am and returning at 10.45am. Mr Geeves & Miss Harris will accompany them.

- *Due to the early departure, please bring your child straight to Taylors Hill car park no later than 8.40am for registration rather than school.*

The price is £5.00 per session. This includes the cost of the pool hire, swim instructors and coach travel to and from the venue. Please return the permission slip and payment to the office in a named envelope by Friday 19th October - exact money if cash please or cheques can be made payable to: Chilham St Mary's Primary School.

We would like all children to come swimming. Please make an appointment to see me or Mrs Woodland as soon as possible if the payments may be difficult to manage.

Children should wear the following for swimming:

Girls: One-piece swimsuit (not bikinis), hair bands for shoulder length hair, goggles where needed (children must be able to fit themselves).

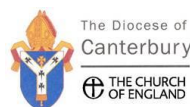
Boys: Trunks or swim shorts (these must be above the knee and not baggy beach style swim shorts), goggles where needed (children must be able to fit themselves).

- *Please remember earrings must be removed*

We are very much looking forward to our swimming, and to working with the children to improve their confidence, skill base and abilities in the water. Above all, we want them to have fun in developing their abilities in the water each week with us.

Kind regards,

Delia Cooper
Headteacher



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I give permission for my child/ren.....
to participate in swimming lessons at Faversham Pool.

Please tick your payment preference below:

I enclose a single payment of £30.00 (Please make cheques payable to Chilham St Mary's Primary School).

I will pay £5.00 per week

In the event of an emergency, I give permission for medical treatment/anaesthetic to be administered.

Signed:
(Parent/Carer)

Date:

Additional Information/Medical conditions: