



Pukerua Bay School

2018 Year 0-2 Swimming Programme

19 October 2018

Dear Parents and Caregivers,

Venue: Coastlands Aquatic Centre

When:

Monday 12th Nov	Tuesday 13th Nov	Wednesday 14th Nov	Thursday 15th Nov
Monday 19th Nov	Tuesday 20th Nov	Wednesday 21st Nov	Thursday 22nd Nov

Transport: Bus

Time: Leaving school at 12:45pm and departing Coastlands Aquatic Centre at 2:30

Cost: No cost (funds have been provided through Trust House Foundation, Pelorus Trust, Hutt Mana Charitable Trust).

Please make sure children have their togs each day as they will be expected to participate in the programme every day. Swimming goggles are a must and please label your child's clothing, towels etc

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Please complete this permission slip and return to school by Thursday 25 October.

Child's Name: _____

Parent Name: _____ Contact ph number: _____

Email: _____

Please tick the days you are available:

Monday 12th Nov		Tuesday 13th Nov		Wednesday 14th Nov		Thursday 15th Nov	
Monday 19th Nov		Tuesday 20th Nov		Wednesday 21st Nov		Thursday 22nd Nov	

Tick ability level please:

Beginner & may sink	Can put head under & doggy paddle	Attempts to swim & can stay afloat for a sustained period of time	Can swim & attempt other strokes but not confidently	Can swim 1 or 2 lengths without touching the bottom

Rawhiti Road - Pukerua Bay - Porirua 5026

Telephone: (04) 239 9744 Fax: (04) 239 9802 Email: office@pukeruabay.school.nz
Website: www.pukeruabay.school.nz



Pukerua Bay School

2018 Year 2-4 Swimming Programme

19 October 2018

Dear Parents and Caregivers,

Venue: Coastlands Aquatic Centre

When:

Monday 12th Nov	Tuesday 13th Nov	Wednesday 14th Nov	Thursday 15th Nov
Monday 19th Nov	Tuesday 20th Nov	Wednesday 21st Nov	Thursday 22nd Nov

Transport: Bus

Time: Leaving school at 11:45pm and departing Coastlands Aquatic Centre at 1:30

Cost: No cost (funds have been provided through Trust House Foundation, Pelorus Trust, Hutt Mana Charitable Trust).

Please make sure children have their togs each day as they will be expected to participate in the programme every day. Swimming goggles are a must and please label your child's clothing, towels etc

Please complete this permission slip and return to school by Thursday 25 October.

Child's Name: _____

Parent Name: _____ Contact ph number: _____

Email: _____

Please tick the days you are available:

Monday 12th Nov	<input type="checkbox"/>	Tuesday 13th Nov	<input type="checkbox"/>	Wednesday 14th Nov	<input type="checkbox"/>	Thursday 15th Nov	<input type="checkbox"/>
Monday 19th Nov	<input type="checkbox"/>	Tuesday 20th Nov	<input type="checkbox"/>	Wednesday 21st Nov	<input type="checkbox"/>	Thursday 22nd Nov	<input type="checkbox"/>

Tick ability level please:

Beginner & may sink	Can put head under & doggy paddle	Attempts to swim & can stay afloat for a sustained period of time	Can swim & attempt other strokes but not confident	Can swim 1 or 2 lengths without touching the bottom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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