

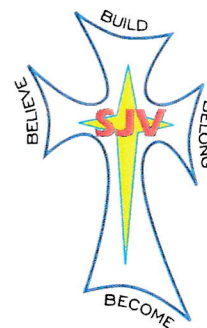
St John Vianney's Primary School

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2018 K-1 Water Fun Day

Dear Parents,

St John Vianney's will hold a Water Fun Day for Kindergarten and Year One students who were not able to attend the school's swimming Carnival due to the inclement weather. The Water Fun Day will take place at Tuggeranong Lakeside Leisure Centre on Monday 19th March from 11.00am.

The students will only be using the Water Play Park and the paddle pool (not the 1.3m pool). There will be lifeguards on duty for the duration of the day and first aid facilities will be available. The students will be travelling by bus and will return at approximately 1pm. No money is required for students as costs are covered by the Excursion/Incursion Levy.

Parents are invited to assist with supervision. Please indicate your interest to volunteer as well as your WWVP card number on the reply slip at the bottom of this page. Entry cost for parents will be \$4.30 which can be paid on the day at the Centre, however, volunteers are free.

All clothing, swimmers, towels and other items need to be clearly labelled with your child's name. Students are permitted to wear clothing to match the colour of their house. Students are to bring their lunch and recess in a labelled, disposable bag.

Please fill in the permission slip and return to the class teacher by Tuesday 13th March. Feel free to contact me, or your child's teacher, if you have any questions or concerns.

Sincerely,

Louise Hall

Louise.hall@cg.catholic.edu.au

K-1 Water Fun Day 2018 - Permission Slip

My child _____ (please print full name), in class _____, has permission to travel by bus to and from Tuggeranong Lakeside Leisure Centre on Monday 19th March and participate in the St John Vianney's K-1 Water Fun Day.

CONSENT TO MEDICAL ATTENTION: *In the case of an emergency, I authorise the teacher in charge, where it is impracticable to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and medication whilst my child is on the excursion.*

Signed: _____

Print Name: _____

Emergency Contact for the day - Name: _____ Ph Number: _____

I am able to help on the day (please circle) Yes/ No WWVP Number: _____