MACKENZIE COMMUNITY SCHOOL
SWIMMING PROGRAM 2018/19

November 22, 2018

Your child's teacher has organized swimming lessons for their class. The students will be participating in the swimming program at the Deep River Community Pool. The scope of the program will cover the skills as outlined in the Red Cross Water Safety Swim Kids, the Lifesaving Society Swim Patrol program and Swim to Survive programs. Emphasis will be placed on enhancing water safety skills and swimming strokes. There will be activity days where the students will learn about ice safety and hypothermia, boating safety. There will be 2-5 instructors per class (depending on class size and ages).

The cost to participate is $10.00** per student.

We must have the information below completed, signed and returned before your child will be permitted to participate in the swim program. Please help your child to remember his/her swimming gear on the following days.

TEACHER	DAY/TIME	DATES
Ms. McCarthy – Gr. 3/4	Mondays from 10:30-11:15 am	Nov. 26, Dec, 3, 10, 17, 2018
Ms. McGillis – Gr. 1	Mondays from 2:30-3:00 pm	Nov. 26, Dec. 3, 10, 17, 2018
Ms. Bond – Gr. 2	Tuesdays from 2:30-3:15 pm	Nov. 27, Dec. 4, 11, 18, 2018
Ms. Raymond – Gr. 6	Wednesdays from 2:30-3:15 pm	Nov. 28, Dec. 5, 12, 19, 2018
Mr. Fraser – Gr. 5/6	Thursdays from 2:30-3:15 pm	Nov. 29, Dec. 6, 13, 20, 2018
Mrs. Waddington – Gr. 6/7	Fridays from 2:30-3:15 pm	Nov. 30, Dec. 7, 14, 21, 2018

(Return completed section below to the homeroom teacher before lessons begin)

This certifies that my child, _____ , in _____'s
(student's name) (teacher's name)

homeroom, has my permission to participate in Mackenzie Community School's swim program.
_____ Last Swim Level Completed or School Swimming Lesson Level

PARENT SIGNATURE: _____

You may pay on-line at mcs.rcdsb.on.ca (Parent tab, On-Line Payments - School Cash tab and follow instructions to register) or pay by cheque payable to MCS. The "signed" form must be returned to the teacher in order for your child to participate. Thank you.
(No student will be excluded due to financial restraints. Please contact the Principal.)

Please circle yes or no for each health concerns. Does your child have?

Athlete's Foot	Yes	No	Planter's Wart	Yes	No
Open Sores	Yes	No	Epilepsy	Yes	No
Diabetes	Yes	No	Ring Worm	Yes	No
Allergies	Yes	No	Others (e.g. Fainting)	Yes	No

Please explain and elaborate on any of the above marked "yes". List any allergies and medical conditions. Indicate if your child needs medicine with them at all times (e.g. inhaler, epi-pen).

_____

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