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PRINCIPAL | Andrew Campbell PGDip. Org. Behaviour, B.Ed., Dip.T.

Monday, 31st October 2022

Dear Parents and Caregivers

## Free After School Water Confidence Programme

Your child's teacher has suggested that \_\_\_\_\_ may benefit from participating in our free after-school water confidence programme. This programme starts on **Wednesday, 2nd November** (week 3).

The tutor for this programme is Diane Cooper, a trained swimming teacher.

If you would like your child to participate in this water confidence-building programme, please complete the slip below and return it to the 'Frog Box' at the 'Smiley Window' by **TOMORROW Tuesday, 1st November**.

As there are limited spaces, we will number the forms as they come in and contact you if your child has a place in the programme.

### **Programme Information:**

What: **Water Confidence Activities**  
When: **Wednesdays after school.**  
Starting Date: Wednesday, 2nd November (Week 3)  
Finishing Date: Wednesday, 30th November (Week 7)

Time: ½ hour sessions:

3:00 - 3:30 pm	(Junior)
3:30 - 4:00 pm.	(Junior)
4:00 - 4:30 pm.	(Middle)
4:30 - 5:00 pm.	(Middle/Senior)
5:00 - 5:30 pm.	(Senior)

This programme has proven to be very popular in the past and has helped to give kids the kick-start they need to participate fully in our regular class swimming programme.

Participants must come to every session. The lessons will be held each Wednesday, weather permitting in Term One and will run for 5 weeks. The classes will be limited to **six** students per session and are for beginner/non-confident swimmers only.

Regards  
Diane Cooper  
Kiwi Sports Coordinator



[dreamstime.com](http://dreamstime.com)

**Free After School Water Confidence Programme**  
**Wednesday sessions: 2nd November - 30th November**

I would like my child to participate in the after-school water confidence programme.      Yes / No

**I understand I will need to bring my child to the school pool and collect them at the end of the lesson.**

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_                      Year: \_\_\_\_\_                      Room: \_\_\_\_\_

Parent / Caregivers name \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Caregiver)

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_