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

Wednesday, 21 February 2024

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, 28th February** (week 5).

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

If you would like your child to join in this water confidence building programme, please complete the slip below and return it to the 'Frog Box' at the 'Smiley Window' by **Monday, 26th February**.

As there are limited spaces, we will number the forms as they come in and we will contact you confirming your child's place in the programme and their lesson time.

Programme Information:

What: **Water Confidence Activities**
When: **Wednesday after school.** (Not Wednesday 27th March on Cultural Festival Day)
Starting Date: Wednesday, 28th February (Week 5)
Finishing Date: Wednesday, 3rd April (Week 10, weather permitting)

Time: 30 minute sessions:

2:30 - 3:00 pm (Special programme)
3:00 - 3:30 pm (mixed grouping)
3:30 - 4:00 pm.
4:00 - 4:30 pm.
4:30 - 5:00 pm.
5:00 - 5:30 pm.

This programme has been 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.



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

Regards
Diane Cooper
Kiwi Sports Coordinator

Free After School Water Confidence Programme
Wednesday sessions: 28th February - 3rd April

I would like my child to participate in the after-school water confidence programme. Yes

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

Childs name: _____

Age: _____ Year: _____ Room: _____

Parent / Caregivers name _____

Signed: _____ (Parent/Caregiver)

Contact Phone Number: _____

Email: _____