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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 this **Friday, 1st March** (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 **Tuesday, 27th 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: **Fridays after school** (Not Good Friday 29th March)
Starting Date: Friday, 1st March (Week 5)
Finishing Date: Friday, 5th April (Week 10)

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 proven to be very popular and successful in the past. It has helped to give kids the kick-start they need to participate fully in our regular class swimming programme and also helps them be more confident in and around water in our NZ environment.

Children must come to every session. The lessons will be held each Friday, 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)



dreamstime.com

Free After School Water Confidence Programme
Friday sessions: 1st March - 5th 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.

Child's name: _____

Age: _____ Year: _____ Room: _____

Parent / Caregivers name _____

Signed: _____ (Parent/Caregiver)

Contact Phone Number: _____

Email: _____