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

Monday, 21 October 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, 25 October** (week 2). 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 this **Wednesday, 23rd October**.

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**
Starting Date: Friday, 25 October (Week 2)
Finishing Date: Friday, 29 November (Week 7)

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 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: 25th October - 29th November

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: _____