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

Wednesday, 2nd February 2023

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, 24th February** (week 4).

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, **Thursday, 23rd February**.

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: **Fridays after school.**  
Starting Date: Friday, 24th February (Week 4)  
Finishing Date: Friday, 31st March (Week 9)

Time: ½ hour sessions:

2:30 - 3:00 pm	(Special programme)
3:00 - 3:30 pm	(mixed grouping)
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. It has helped to give kids the kick-start they need to participate fully in our regular class swimming programme and help them be more confident in and around water during the summer months.

Participants must come to every session. The lessons will be held each Friday, weather permitting in Term One and will run for 6 weeks. The classes will be limited to **six** students per session and are for beginner/non-confident swimmers only.

Regards  
Diane Cooper



dreamstime.com

Kiwi Sports Coordinator

**Free After School Water Confidence Programme**  
**Friday sessions: 24th February - 31st March**

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: \_\_\_\_\_