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

17th February 2026

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 **Thursday 19th February** (week 3). 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 **Thursday**.

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: **Thursdays after school**  
Starting Date: **Thursday, 19th February (Week 3)**  
Finishing Date: **Thursday, 12th March (Week 6)**

Time: 30 minute sessions:

2:45 - 3:15 pm -

3:00 - 3:30 pm

3:30 - 4:00 pm.

I will allocate session times based on the ages and abilities of the children.



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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.

To get the most out of our programme, we recommend that the children come to every session. The classes will be limited to about **six** students per session and are for beginner/non-confident swimmers only.

Regards

Diane Cooper

(Kiwi Sports Coordinator)



**Free After School Water Confidence Programme**  
**Thursday sessions: 19th February - 12th 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: \_\_\_\_\_



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