

March 16, 2009

Dear Parent/Guardian,

The Deer Park Office of Pupil Personnel Services in conjunction with Deer Park Aquatics will be hosting an Adaptive Aquatics Swimming Exploration Program at the Deer Park High School Pool for students with special needs and their families ages 5 through 13. The program is designed for students to participate in meaningful aquatic activity who are unable to safely or successfully engage in unrestricted general swim lessons independently. Students who are invited to participate in this specialized program must also have an adult pool buddy (age 18 or older) who is required to participate in this program to team with the student in the pool throughout the entire class session in the water. While participating in the program, you and your child will:

- Have the opportunity for instructional and recreational swimming
- Be provided with water safety information and skill instruction that will benefit your entire family
- Experience games and social interaction in an aquatic setting
- Work on basic water skills including steps toward successful swimming

Program Dates: Sundays April 19, 26, May 3, 10, 17

Time: 2:15-3:15 PM (Locker rooms and pool facility must be clear by 3:30 PM)

Fee: \$40.00 per Deer Park resident participant family

(Cash, Check or Money Order made payable to: Deer Park UFSD)

If you are interested in participating in this specialized program please complete the attached registration form, submit payment and return it to:

**DEADLINE: FRIDAY APRIL 3, 2009**

Office of Pupil Personnel Services

1881 Deer Park Avenue

Deer Park, New York 11729

Attention: Ms. Mary Reynolds, District Administrator of Pupil Personnel Services

Should you have any questions do not hesitate to contact the PPS department at (631) 274-4040.

We look forward to hearing from you!

# Adaptive Aquatics Program Initial Registration Form

(An additional program receipt form must be completed at your first program attendance.)

Student's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Gender \_\_\_\_\_

Name of Adult Pool Buddy who will accompany student in pool: (Required for student to participate)

\_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone # (\_\_\_\_) \_\_\_\_\_

E- Mail address:

\_\_\_\_\_

Names and ages of other family member participants: Name/age

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Please describe any concerns you may have or specific type of assistance your child might need to successfully engage in swimming activities: