



JUNIOR KIDZ N SPORT

Dear Parents of children in Kindy to Year 3

This year we are once again offering a Junior School Health and Physical Education programme called Kidz n Sport. It is a hand and eye coordination skills programme which is designed to improve a range of coordination skills which will have a flow on effect into areas such as writing.

SESSIONS:

We have a skilled provider of sport to lead 10 class sessions run fortnightly over Terms 1 and 2. The children along with the class teacher will be involved in developing their skills and self-awareness over the course.

DATE(S):

Every second Wednesday Commencing 6 Feb – ECC3 – Kindy, ECC2 - Kindy Group A, Rm 6 – Yr 1/2, Rm 7 – Yr 2 and Rm 5 – Yr 1

Every second Wednesday Commencing 13 Feb – ECC2 - Kindy Group B and PP, ECC1 – PP/Yr 1, Rm 9 – Yr 3 and Rm 8 – Yrs 2/3

VENUE: Leeming Primary School – ECE area / oval

COST: \$52.50 per student

SPECIAL REQUIREMENTS: School uniform / hat

Thank you

Clive Emby
31 Jan 2019

Please complete the permission slip below and forward with your payment to the school office by: FRIDAY - 8 FEBRUARY 2019

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In-School Activity – Kidz N Sport

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the school before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment. I have read and completed the information regarding the activity and give my consent for my son/daughter

_____ in Room_____ to attend.

PLEASE PRINT Child's First & Last Name

Signature of parent/guardian _____

Date: ____ / ____ / ____

I have included \$52.50.

I have paid the up-front levy

PAYMENT METHOD (circle method) : CASH / CREDIT CARD / DIRECT DEPOSIT

Credit Card type: (Please tick) Visa Mastercard

Account #																	
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Card Holder's Name _____ **Expiry Date:** ____ / ____

Signature _____

Direct Deposit/EFT BSB: 066163 | A/C #: 00900553 | A/C Name: Leeming Primary School Please use Student's Full Name as a Reference on DD/EFT