



## ST BERNADETTE'S PRIMARY SCHOOL



### AWESOME AUTUMN SPORTS

Experience all the skills **AWESOME AUTUMN SPORTS** has to offer with 10 weeks of Activities and Games. Let the Kelly Sports team teach your child how to play like your world Sporting Heroes in **FOOTBALL, SOCCER, HOCKEY & BASKETBALL/NETBALL**. This Program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable and safe environment

**WHEN:** Wednesday  
**COMMENCING:** 22/04/15  
**CONCLUDING:** 24/06/15  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P – 4  
**COST:** \$100



### MODERN DANCE

**LET THE BEAT ENTER YOU FEET!** Our specialized Dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the modern contemporary music classics. Sign up fast as places are limited for our 10 week program and let our coaches beat, ignite your child's feet!

**WHEN:** Wednesday  
**COMMENCING:** 22/04/15  
**CONCLUDING:** 24/06/15  
**TIME:** 1.30pm – 2.10pm  
**YEAR LEVELS:** P – 4  
**COST:** \$100

**GET IN QUICK FOR TERM 2 AS PLACES FILLING FAST**  
**\$100 FOR 10 WEEK PROGRAM**

### NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://WWW.KELLYSPORTS.COM.AU) ENTER YOUR POST CODE AND ENROL FROM THERE. OR FILL OUT THE BELOW ENROLMENT FOR & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

PO BOX 71, MOONEE VALE, 3055

PAYMENT OPTIONS AVAILABLE!

## ENROLMENT FORM

☐ **Awesome Autumn Sports**

☐ **Modern Dance**

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Room No: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Work: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

At the completion of after school clinics, does your child?

☐ **Go to after care** ☐ **Get collected**

**Parents' consent:** I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Mooroolbark from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Credit card payment: ☐ **Visa** ☐ **Master card**

Card Number:                 Expiry Date:   /   CVV:

### THINGS TO KNOW

Kelly Sports is a Registered Child Care provider  
Don't leave forms at the School Office

Spaces are limited so please make sure you enrol online or return form to Kelly Sports.