

EASTER HOLIDAY PROGRAM

OUR HOLIDAY PROGRAM IS NOW OFFERING EARLY CARE FROM 7:30AM PRIOR TO THE USUAL START TIME 8:30AM! IF THIS IS SOMETHING THAT INTERESTS YOU CONTACT DARREN FOR DETAILS!

Sports orientated holiday program designed to emphasise fun, enjoyment, confidence and skills with maximum participation. Children require a packed lunch, drink bottle & hat. Craft table and restful activities also provided.

Suitable for both GIRLS and BOYS. Kelly Sports is a registered childcare provider
















VENUE: Berwick Chase Primary School Hall, 72 Viewgrand Dr Berwick

WHEN:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

EASTER HOLIDAYS
 MONDAY 3rd APRIL
 THURSDAY 13th APRIL
 8.30am – 4.30pm
 All ages

Mon 3 rd 8.30am-4.30pm	Football 	Soccer 	Gym 	Dance 	Volleyball 
Tue 4 th 8.30am-4.30pm	Basketball 	CRICKET 	Hockey 	Gym 	Touch Rugby 
Wed 5 th 8.30am-4.30pm	Football 	Netball 	Soccer 	Basketball 	Dance 
Thu 6 th 8.30am-4.30pm	Soccer 	Athletics 	Volleyball 	Hockey 	Dance 
Fri 7 th 8.30am-4.30pm	Football 	Basketball 	Soccer 	CRICKET 	Netball 

WEEK 1

Mon 10 th 8.30am-4.30pm	Netball 	Football 	Dance 	Basketball 	Soccer 
Tue 11 th 8.30am-4.30pm	Basketball 	CRICKET 	Hockey 	Gym 	Touch Rugby 
Wed 12 th 8.30am-4.30pm	Volleyball 	Dance 	Soccer 	Football 	CRICKET 
Thu 13 th 8.30am-4.30pm	EASTER EGG HUNT	EASTER EGG HUNT	EASTER EGG HUNT	EASTER EGG HUNT	EASTER EGG HUNT

WEEK 2

COST: \$45 p/day (Kelly Sports is a registered childcare provider)



ONLINE ENROLMENT
www.kellysports.com.au

To enrol, please visit www.kellysports.com.au or fill out the below enrolment form & send to: PO BOX 2055, Fountain Gate VIC 3805, or scan to: darren@kellysports.com.au or fax to 03 8692 6539. Internet Direct credit BSB: 083-214 Acct No: 15-985-2563 Acc Name: Kelly Sports Berwick

ENROLMENT FORM

Week 1: Mon 3rd ☐ Tue 4th ☐ Wed 5th ☐ Thu 6th ☐ Fri 7th ☐ **Week 2:** Mon 10th ☐ Tue 11th ☐ Wed 12th ☐ Thu 13th ☐

Name: _____ DOB: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions: _____

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

Parent/Caregiver name: _____ Signature: _____ Amount Paid: \$ _____

Internet: ☐ Cash: ☐ Card payment: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Exp ☐ ☐ / ☐ ☐