

Kelly Sports Berwick & Pakenham

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GOODSTART EARLY LEARNING NARRE WARREN NORTH



PRE KINDER & KINDER: STUNNING SUMMER SPORTS!

Kelly Sports runs programs to teach children the fundamentals of sport. This 8 week program is all-inclusive with high participation. Our key aims are to develop and enhance the following skills - running, jumping, catching, throwing, passing, kicking and striking. The Fundamental Skills Program includes:

- Motor Skill Development, Balance and Hand- Eye Cordination, Introduction to a variety of sports (Soccer, Basketball, Cricket, Tennis & more), Gymnastics.

The program is not only a fantastic way for your child to develop key sporting skills essential for all sports, but also great for their confidence and social skills.

WHEN. AGE:

THURSDAYS PRE KINDER

COMMENCING: PFRIOD: TIME:

& KINDER 09/02/17 - 30/03/17 8 Weeks (\$56) 10AM - 11AM



PRE-KINDER: DANCE & MOVEMENT!

Kelly Sports runs programs to teach children dance and movement. This 8 week program is all inclusive with high participation. Our key aims are to develop and enhance the following skills – dancing, jumping, singing, hand-eye coordination and balance The Dance/Movement Program includes: - Motor Skill Development-Balance and Hand- Eye Cordination - Fun interactive program with maximum participation.

WHEN: AGE:

COMMENCING: PERIOD: TIME:

THURSDAYS PRE-KINDER 09/02/17 - 30/03/17 8 Weeks (\$56) 10AM – 11AM

COST: \$7 per week (\$56 based on 8 x \$7 sessions)

GOODSTART EARLY LEARNING NARRE WARREN NORTH **VENUE:**



ONLINE ENROLMENT

To enrol, please visit www.kellysports.com.au search '3806' or fill out the below enrolment form & send with a cheque or credit card details to: PO BOX 2055, Fountain Gate VIC www.kellysports.com.au search 'postcode' 3805, or scan to: darren@kellysports.com.au or fax to 8692 6539. Internet Direct credit available BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

ENROLMENT FORM

Pre Kinder & Kinder STUI	NNING SUMMER SPORTS Pre Kinder DANCE & MOVEMENT
School: GOODSTART EARLY LEARNING NARRE W	VARREN NORTH DOB:
Name:	Room:
Address:	Post Code:
Phone: N	Mobile/Work:
Email:	Medical Conditions:
	my behalf should my child require medical attention, and release r injury incurred by my child at Kelly Sports programmes.
Parent/Caregiver name:	Signature:
Amount Paid: \$ Internet Transfer: C	Credit card payment: (online surcharge applies) Cheque: Cash:
Card Number:	Expiry Date:



