

Kelly Sports Berwick & Pakenham

P.O. Box 2055, Fountain Gate 3805

- T Darren 0402 224 116
- F (03) 8692 6539
- E darren@kellysports.com.au
- W www.kellysports.com.au



GOODSTART EARLY LEARNING NARRE WARREN POUND RD NORTH



TERM: WHEN: DATES: PERIOD: **TERM 3 - 2016 THURSDAYS**21/07/16 - 15/09/16
9 WEEKS

TIME: YEAR LEVELS: 9 WEEKS 10AM – 11AM

Kinder

SPORTS SKILLS PROGRAM - TFRM 3

Kelly Sports runs programs to teach children the fundamentals of sport. This **9 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 Kelly Sports programs are hugely successful with young children all over Australia.
- 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.
- Our modified sports games provide lots of fun while skills are being developed.

TERM COST: \$7 per week (based on 9x30min sessions - \$63)

VENUE: GOODSTART EARLY LEARNING – NARRE WARREN POUND ROAD NORTH



To enrol, please visit www.kellysports.com.au or fill out the below enrolment form & send with a cheque or credit card details to: PO BOX 2055, Fountain Gate VIC 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

Centre:	GOODSTART EARLY LEARNING - NARRE WARREN POUND ROAD NORTH	Room:
Name:		D.O.B:
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 medic Kelly Sports Berwick from any liability for injury incurred by my child at Kelly Spo	
Parent/Caregiver name: Signature:		
Amount	Paid: \$ Internet Transfer: Credit card payment: (online surcharge applied)	es) Cheque: Cash: C
Card Nu	mber:	y Date:



