



GOODSTART EARLY LEARNING LAKESIDE



KINDER: WICKED WINTER SPORTS!

Kelly Sports runs programs to teach children the fundamentals of sport. This **10 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 Coordination, 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:
COMMENCING:
PERIOD:
TIME:

WEDNESDAYS
KINDER
15/07/15-16/09/15
10 Weeks (\$70)
10AM – 11AM



PRE-KINDER: DANCE & MOVEMENT!

Kelly Sports runs programs to teach children dance and movement. This 10 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 Coordination - Fun interactive program with maximum participation.**

WHEN:
AGE:
COMMENCING:
PERIOD:
TIME:

TUESDAYS
PRE-KINDER
14/07/15-15/09/15
10 Weeks (\$70)
10AM – 11AM

COST: \$7 per week (10 x 30 min sessions = \$70)
VENUE: GOODSTART EARLY LEARNING LAKESIDE



ONLINE ENROLMENT

www.kellysports.com.au search 'postcode'

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 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

☐ Kinder SPORTS SKILLS ☐ Pre Kinder DANCE & MOVEMENT

School: GOODSTART EARLY LEARNING LAKESIDE _____ DOB: _____

Name: _____ Room: _____

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 Transfer: ☐ Credit card payment: ☐ (online surcharge applies) Cheque: ☐ Cash: ☐

Card Number: Expiry Date: /