

## HAPPY DAYS CHILDCARE



**TERM:**  
**WHEN:**  
**DATES:**  
**PERIOD:**  
**TIME:**  
**YEAR LEVELS:**

**TERM 1 - 2017**  
**WEDNESDAYS**  
08/02/17 – 29/03/17  
8 WEEKS  
10AM – 11AM  
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 Coordination
- 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 8x30min sessions - **\$56**)  
**VENUE:** HAPPY DAYS



### ONLINE ENROLMENT

[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol, please visit [www.kellysports.com.au](http://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](mailto: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: **HAPPY DAYS** \_\_\_\_\_ 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 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:   /



**Winner: 2013 Cardinia Franchisee of the year!**



**Winner: 13/15 Casey Business Awards – Home Based Business**