

P.O. Box 71, Moonee Vale 3055

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E sonya@kellysports.com.au



ST JOHN BOSCOS PRIMAY SCHOOL

DANCE FUN

Shake, move and let the beat enter your feet with Kelly Sports. Our trained dance coaches can get your child's **hips swinging**, **heads bumping**, **feet rocking and bodies shaking** to all of modern contemporary music's classics. Sign up fast as places are limited and let our coaches beat ignite your child's dancing feet.

WHEN: W
COMMENCING: 11
CONCLUDING: 13
TIME: 1:

Wednesday 11/10/2017 13/12/2017 1:40 - 2:30pm

YEAR LEVELS: P-4

ATHLETICS

Speed, Precision, Athleticism and Fun! Our Athletics program is a great way to introduce your child to sport. Athletics activity develops co-ordination, flexibility, speed, endurance and strength through walking, running, throwing and jumping. Winning is not everything at Kelly Sports Athletics. The main emphasis is on participation, fun, fitness and striving to improve your own performance. Equipment supplied

WHEN: Tuesday
COMMENCING: 10/10/2017
CONCLUDING: 12/12/2017
TIME: 3:40 – 4:40pm

YEAR LEVELS: P - 4

SUPER SPRING SPORTS

Don't miss out on this brilliant Spring action, with our Super Spring Sports. This program allows your child to experience a fun, energetic and highly active multi-sport program over 9 lively weeks! These include: Basketball, Soccer, T ball, Cricket and Crazy Games. This program will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment

 WHEN:
 Thursday

 COMMENCING:
 12/10/2017

 CONCLUDING:
 14/12/2017

 TIME:
 3.40pm - 4.40pm

YEAR LEVELS: P-4

COST: \$ 108

VENUE: St John Bosco's Primary School



To enrol, please visit http://www.kellysports.com.au or fill out the below enrolment form & send with a cheque or credit

card details to:
PO BOX 71, Moonee Vale VIC 3055.

Do not leave enrolment forms at the school office.

ENROLMENT FORM

Dance Fun Atl	hletics Sur	per Spring Sports	
School:			Year Level:
Name:			Room No:
Address:			Post Code:
Phone:	Mobile/Work:		
Email:	Medical Conditions:		
At the completion of after school clinics, does your child?	Go to after care	Get collected	
Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Essendon from any liability for injury incurred by my child at Kelly Sports programmes.			
Parent/Caregiver name:	s	Signature:	
Amount Paid: \$ Direct deposit: Bsb:	: 633 000 Acct: 142172618	B Please quote child	's surname as reference
Credit card payment:	Visa	Mastercard	
Card Number:			Evniry Date: