



**Enrol
Online
FOR ONLY
\$9.50
per week!**



DON'T MISS OUT THIS SUMMER! Stunning Summer Sports allows your child to play a range of dynamic and active sports over the 8 week program; these include **Cricket, T-Ball, Soccer, Basketball & crazy games!** This **multi-sport program** will not only provide an essential base for your child's motor skills, but will also help build confidence and co-ordination, all in an enjoyable environment.

WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

THURSDAYS
4th February
8 Weeks
3.40pm – 4.40pm
P – 4



Over 8 weeks students will have the opportunity to **move, groove, spin and bop** to the sound of hip hop beats alongside our friendly dance instructor. Our Hip Hop classes are high energy, rhythmic and electric. The dance is based on sharp strong movements and the class helps build rhythm, confidence and social skills in a friendly environment.

WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

WEDNESDAYS
3rd February
8 Weeks
3.40pm – 4.40pm
P – 6

\$10 per week (\$80 in total based on 8 x \$10 sessions)

KILBERRY VALLEY PRIMARY SCHOOL

Please do not leave enrolment form with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



www.kellysports.com.au

To **enrol**, please visit www.kellysports.com.au, or fill out the below enrolment form & **send** with a cheque or credit card details to: P.O. BOX 332 Hampton Park, VIC 3696, or **scan to:** andyhoban@kellysports.com.au or **fax** to 8786 8771. **Internet Direct credit available** BSB: 063-616 Acct No: 10-485-344 Acct Name: Kelly Sports Hallam Valley

☐ **Sports!** (After School)

☐ **HIP HOP!** (After School)

School: **KILBERRY VALLEY PRIMARY SCHOOL** Year Level: _____

Name: _____ DOB: _____

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 Hallam Valley from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____

Signature: _____ Amount Paid: \$ _____

Card payment: ☐ Visa ☐ Mastercard

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