**** 8 Knightsbridge Place, Diamond Creek 3089

**Early Bird Rate
$10.00 off**

 **When you enrol**

**Before**

**16/07/2014**

 **T** (03) 9438 2469 F **(03) 9438 2469**

 **M** 0403 121 289

 **E** michaelhogg@kellysports.com.au

**PLENTY VALLEY INTERNATIONAL MONTESSORI SCHOOL**

**WINTER WICKED SPORTS**



Don’t miss out on this hot catch!! WINTER WICKED SPORTS allows your child to play a range of dynamic and active programs run over 9 **weeks**; these include: Multiple sports, fun sporting activitiesand Crazy Games**!** This Program will not only provide an essential base for your child's motor skills and help build awareness, co-ordination and friendship all in an enjoyable environment

**WHEN:** Wednesday

**COMMENCING:** 16/07/2014

**CONCLUDING:** 10/09/2014

**TIME:** 3.25pm – 4.25pm

**YEAR LEVELS:** P – 4

**WHEN:** Friday

**COMMENCING:** 18/07/2014

**CONCLUDING:** 12/09/2014

**TIME:** 12.15pm – 1.15pm

**YEAR LEVELS:** P – 4



**DYNAMIC DANCE**



LET THE BEAT ENTER YOU FEET! Our specialized Dance coaches can get your child’s hips swinging, feet rocking and heads bumping to all of modern contemporary music’s classics. Sign up fast as places are limited and let our coaches beat; ignite your child’s feet!



**COST $90** (enrol before 16/07/14 for $80.00) at **www.kellysports.com.au** & search for your school)

**It’s here online enrolments !**

 **To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

**VENUE Plenty Valley International Montessori Primary School**

**­**

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 **ENROLMENT FORM**

□ **Wicked Winter Sports** (After School) □ **Dynamic Dance** (Lunch time)

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

Parent/Caregiver name: Signature:

Amount Paid: $ Credit card payment: □ **Visa** □ **Mastercard**

Card Number: □□□□ □□□□ □□□□ □□□□ Expiry Date: □□/□□

CVV Number: □□□

**ONLINE ENROLMENT**

**www.kellysports.com.au**

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