Kelly Sports Berwick & Pakenham
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TERM 1

THOMAS MITCHELL PRIMARY

STUNNING SUMMER SPORTS!

DON'T MISS OUT THIS SUMMER! Summer Sports allows your child to play a range of dynamic and active sports over the 7 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.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION!

WHEN:	**WEDNESDAYS**
COMMENCING:	10/02/16 – 23/03/16
PERIOD:	7 Weeks
TIME:	3.35pm – 4.35pm
YEAR LEVELS:	P – 4

KELLY DANCE: CHEER-TASTIC!

GET MOVING WITH KELLY 'CHEER' THIS SUMMER!
It's the start of the year and it is time to CHEER!
Join us for our Cheerleading program for boys and girls across 6 weeks. Our cheerleaders will learn weekly moves to perform an end of term Cheerleading routine!

WHEN:	**MONDAYS**
COMMENCING:	08/02/16 – 21/03/16
EXCLUDING:	Labour Day 14/03/16
PERIOD:	6 Weeks
TIME:	Lunch Time
YEAR LEVELS:	P – 6

COST: **$10 per week** ($70 Sports / $60 Dance)
VENUE: THOMAS MITCHELL **PRIMARY**

Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER

ONLINE ENROLMENT
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: 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

☐ **Sports!** (After School) ☐ **Dance!** (Lunch Time)

School: THOMAS MITCHELL **PRIMARY** _____ 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 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: 2015 Casey Home Based Business!**