



## St Marys Primary 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:** Monday  
**COMMENCING:** 3/10/2016  
**CONCLUDING:** 12/12/2016  
**TIME:** 3:40pm – 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 **10 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:** Wednesday  
**COMMENCING:** 5/10/2016  
**CONCLUDING:** 7/12/2016  
**TIME:** 3:40pm – 4:40pm  
**YEAR LEVELS:** P – 4

**COST:** \$120

**VENUE:** Williamstown Primary School

( Children are collected from St Mary's and walked over via the crossing)



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

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

Super 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: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ **Direct deposit:** Bsb: 633 000 Acct: 142172618 Please quote child's surname as reference

Credit card payment:  Visa  Mastercard

Card Number:                      Expiry Date:   /