Ph: (02) 4421 0422



103 Illaroo Road, PO Box 3346 North Nowra 2541

| | | Year K-2 Gymnastic I | rogram | | | |
|---------------|--|--|--|--|--|--|
| DATE: | | Term 1 - Weeks 4 to 11 (Monday 14 February to Monday 4 April) | | | | |
| VENUE: | | School hall | | | | |
| DAY: | | Monday | | | | |
| COST: | | \$30.00 | | | | |
| WHO GOES?: | | Kindergarten to Year 2 students | | | | |
| CLOTHING: | | Sports uniform to be worn every Monday for K-2 Students | | | | |
| DETAILS: | S: Fit Futures will run the program. Their staff have a wealth of experience children and supply a variety of equipment to support the lessons. This programs in PDHPE, and in particular, enable students to meet outcomes spe component of the PDHPE curriculum. | | pport the lessons. This will supplement our | | | |
| | | ch Year K-2 class will participate in a 30 minute lesson. The lessons will take place evenday in the school hall. Please wear the school sports uniform. | | | | |
| | | t is \$30.00 per child for the eight week program. This cost has been significantly reduced by tring Schools Grant the school has received. | | | | |
| | particip | tics is a mandatory component of the curriculum and it is expected that all students will ite. Should up-front payment of this important program present financial difficulty please your class teacher. As is always the case, the school will look at alternative payment nents. | | | | |
| This progra | m has bee | een approved by the principal. | | | | |
| Coordinato | r: Miss J | Jennifer Arnott | | | | |
| Pl | ease com | mplete the section below and return to classro Payment is due by Friday 18 Fe | | | | |
| > | | Illaroo Road Public S PERMISSION NO Years K - 2 Gymnastic F | OTE | | | |
| participating | g in the G | my son/daughter/ward (full name) Gymnastic Program at Illaroo Road Public Scho ry to Monday 4 April). | class_ool in Term 1 on Monday in Weeks 4 to 11 | | | |
| Pl | lease find | nd enclosed \$30.00 for the cost of the gymnastics | s program. | | | |
| I1 | have mad | ade payment online for \$30.00 | Receipt No. | | | |
| Special need | ds/instruc | actions for my child are (include medical/allergy | information): | | | |
| | | | | | | |

I understand that by signing this note I give permission for my child to receive medical treatment in case of emergency.

| S | Signature of | parent/g | guardian: | Ι | Date: |
|---|--------------|----------|-----------|---|-------|
| | | | | | |