Dear Parents

In Week 2 of Term 3, Kindergarten students in Rooms 1 and 2 will begin participating in Kidz 'n Sport. The eight week program will focus on building self confidence in a structured and engaging setting. The coaches will provide explicit instruction for children to further develop their gross motor skills.

Sapphire and Emerald groups will attend on Tuesdays; and
Ruby group will attend on Thursdays.

Please ensure your child wears shoes appropriate to run and play sport in on these days.

The cost for each child will be $57.00 for the term. This is a "Pay as you Go" item (refer to Table 2 of the School Charges and Voluntary Contributions schedule).

Please complete the Permission and Payment Form attached, together with correct money (if paying cash) and return to the locked box in the school office by Friday 23 July (or return the eForm which will be available on the App and pay by direct deposit – preferred option), in order for your child to participate.

Kind regards

Miss Bowman and Mrs Nicholas
Kindergarten Teachers
21 June 2021

Parent Permission and Payment Form
Kidz 'n Sport Program 2021

Where: **Applecross Primary School**

When: Term 3 2021

The cost will be **$57.00** per student. **Please sign and return this permission slip together with correct money (if paying cash) to the locked box in the front office before 23 July.**

I have read and understood the information regarding the Kidz 'n Sport Program in Term 3 2021 and give consent for my child to participate.

Child's Name: _____   **Room Number:_____**

Signed: (Parent/Guardian) _____   **Date: _____**

Phone Number:_____

☐   **I have paid the total maximum extra cost options for my child/children for the year. Please deduct $57.00 from this amount.**

PAYMENT OPTIONS * CASH
* CREDIT CARD **- Visa & Mastercard**
* CHEQUE **-** payable to **'Applecross Primary School'**
(preferred option) * DIRECT DEPOSIT - ANZ Booragoon **BSB 016-267 Account No 3408 67399** *(Please use your child's Name and Room No as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)*

PLEASE COMPLETE ALL DETAILS: Payment Type: ☐Cheque   ☐Cash   ☐ Credit Card

☐ Visa   ☐ Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

EXPIRY DATE: (PLEASE PRINT CLEARLY)

_____   _____
CARD HOLDER'S NAME   **CARD HOLDER'S SIGNATURE**