



Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 9364 1792

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www.applecrossps.wa.edu.au

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 \$52.40 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 24 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
29 June 2020

Parent Permission and Payment Form Kidz 'n Sport Program 2020

Where: Applecross Primary School

When: Term 3 2020

The cost will be **\$52.40** 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 24 July 2020.**

I have read and understood the information regarding the Kidz 'n Sport Program in Term 3 2020 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 \$52.40 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)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE