



CLEMTON PARK PUBLIC SCHOOL

Pursuing Excellence

ABN: 55 922 166 723

PRINCIPAL: Paul Robinson

Tel: 9718 4483

Fax: 9718 8703

185 Bexley Road, Earlwood NSW 2206

EMAIL: clemtonpk-p.school@det.nsw.edu.au

WEBSITE: www.clemtonpk-p.schools.nsw.edu.au

Kindergarten Gymnastics

Dear Parents/Caregivers,

Kindergarten are participating in a gymnastics program in Term 2 operated by qualified gymnastics instructors from **Bounce Sports Gymnastics**. This quality school provider offers a fun and comprehensive program that promotes fitness and supports the PDHPE curriculum. Class teachers will be supervising.

Beginning Week 2 Friday 09/05/25, the 8-week program will run for 30 minutes each Friday. The gymnastics lessons will be held at Clemton Park Public School in the New Hall. Students will walk to their gymnastics lessons each week. Students are to wear their sport uniform each Friday for the duration of the program.

The cost of the program is **\$40** per child. The last day of payment will be **Wednesday 7th May**.

Please complete the following permission slip and return with payment or with payment online receipt number details to the money box in the office.

Kindergarten Teachers

Mr Robinson
Principal



Kindergarten Gymnastics - Permission and Payment Slip

I give permission for my child _____ in class _____ to participate in the Kindergarten Gymnastics program in Term 2.

I understand that the **cost per child is \$40**. I understand that if my child is absent for the session, the money cannot be refunded.

The last day of payment will be: **Wednesday 7th May, 2025**
(3pm cash/cheque OR 6pm Sentral).

My child requires medication: YES / NO

My child will bring _____ each Friday.
(Type of Medication)

Signature of Parent/Carer: _____ Date: _____

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Cash/Cheque

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Online Payment

Enclosed in an envelope.