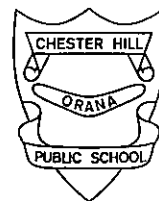


CHESTER HILL PUBLIC SCHOOL

Quality education in a caring learning environment

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K-2 Gymnastics Program

Dear Parents and Carers,

In Term 3, students from Kindergarten to Year 2 will be participating in a Gymnastics program. This professional program is organised by an external provider, ZING ACTIV. This program is aligned to the PDHPE curriculum. Through age-appropriate activities, professional instruction and engaging equipment students should improve their coordination, strength, flexibility and agility.

When: EVERY Monday during Term 3

Where: in the school hall with teacher supervision

Time: 40 minute lesson

Wear: your sports uniform (if you have one) and joggers

Cost: **\$16.00 for the entire program.** This program is substantially subsidised by the school. Refunds will not be provided if your child is absent from school on Monday. If paying online, please enter 'K-2 Gymnastics Program' in the payment description under 'excursions'. The last day for payment is Thursday 22 June.

Students must return the signed permission slip and payment to their class teacher by 22.6.23.

This program has the approval of the principal.

Mrs C. Baker
Year 1 Teacher

Mr L. Condon
Principal

K-2 Gymnastics Program

I give permission for my child _____ class _____ to participate in the weekly gymnastic lessons run by ZING ACTIV each Monday. I understand that these lessons happen at school.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Please tick one of the boxes below to indicate your payment.

I have enclosed cash payment of \$16.00

I have made a payment online. My receipt number is: _____

Date paid _____

Signed (Parent/Carer)

Date