



Towradgi Public School

Carters Lane

FAIRY MEADOW 2519

Phone: 4284 4527

Facsimile: 4284 8826

Email: towradgi-p.school@det.nsw.edu.au

Principal: Jacqui Cavil

Dance / Fitness Program - Dance2bfit

Dear Parent/Guardian,

We are having the Dance2bfit Program at our school in Term 4 2022. The Program is energetic, innovative and a fun way for our students to get fit and funky, learning the latest dance styles to the hottest music tracks. This is a great program to improve the fitness levels of students while they are having a great time. Dance2bfit will be preparing our students for their end of year Concert Performance.

Dance2bfit has been developed specifically for NSW Primary Schools using the PDHPE syllabus. Each class will learn a professionally choreographed dance routine suitable for their age and ability level, as well as develop their confidence and skill in this area of the Arts



All Dance2bfit staff have completed the Covid infection control training course from the Australian Government Department of Health.

*We are spreading classes out teaching 1 x class per session

*No contact in dance routines

For your child to participate you will need to complete the permission note below and pay \$25 per student to the school by 23rd September 2022 (**Maximum of 2 children in a family pay**). Students will learn their class performance routine, a finale item and rehearse both of these items over the Term.

To encourage all students to participate in this program, we are subsidising the cost of this program (usually \$35) using school funds. Please contact us if additional assistance is required due to financial hardship.

Kind regards,

Jacqui Cavill
Principal

Dance2bfit Term 4

All payments are due by Friday 23rd September 2022

I give permission for my child/ren _____ Class _____
_____ Class _____
_____ Class _____

to participate in Dance2bfit classes to be conducted at Towradgi Public School in Term 4, 2022 beginning in week 1. I understand that if my child is absent for the session, the money cannot be refunded.

I enclose the sum of **\$ 25.00 per student** to cover the costs involved.

I have paid online and my receipt number is _____.

If required, I consent to the supervising teachers seeking medical assistance that may be considered necessary.

Parent's signature: _____

Health Details

Does your child suffer from any medical condition? (Asthma, diabetes, epilepsy, travel sickness, etc.) Please note any details of the medical management program that the teachers may need to be aware.

Give details of any medication that your child will need dispensed during this excursion:

Give details of any allergy your child has to common foods, plants, insect bites, medication etc.

In what year was your child last immunised against tetanus? _____ is there any other information we may need to be aware of, that may impact on any of the activities to be undertaken during this excursion?

Medicare Number: _____

Expiry Date: __ / ____

