



Kangaroo Kidz Youth Gymnastics

KANGAROO KIDZ and Bernards PEC are proud to offer an eight week gymnastics program for children ages 5 to 10 with special needs.

When: All classes are held on Fridays
February 10, 17, 24, March 3, 10, 31, April 20, 27.

4:30-5:00

Where: Kangaroo Kidz - 80 Morristown Rd.
Kings Shopping Center, Bernardsville, NJ

Cost: \$120.00 per child for eight week session

Registration deadline is February 8th, 2012.

To register, please send check made out to "Bernards PEC" (no cash please) and the attached registration form to Karen Zubalake, PO Box 108, Liberty Corner, NJ 07938, or email zoobies500@yahoo.com and bring your check and the registration form to the first class.

Questions? Email zoobies500@yahoo.com .

Kangaroo Kidz has been developed to enhance your child's overall body fitness while increasing his or her total self-image and confidence in a positive way. Incorporating gymnastic activities in a progressive program will improve your child's strength and flexibility. Each week we will do a "warm up", work on the equipment, balance beams, vaulting, bars and incline mats. Each week there is something new and different, to keep the interest of our participants. We are constantly changing the curriculum of activities. At Kangaroo Kidz our goal is to make exercise fun.



Program Registration Form

Gymnastics Class at Kangaroo Kidz 2/10, 2/17, 2/24, 3/3, 3/10, 3/31, 4/20, 4/27

Name of Child(ren): _____ Age (s): _____

Name of Parent: _____

Phone: _____ Email: _____

Would you like a mentor to help shadow your child? (Please understand you may need to assist the mentor at times, depending on the needs of your child.) _____

Please indicate any special needs your child may have that will assist us in providing a successful experience.

My child has my permission to participate in Kangaroo Kidz Gymnastics Programs on February 10,17,24, March 3,10,31, April 20,27 2012 at Kangaroo Kidz, 80 Morristown Rd. Bernardsville, NJ . I understand that the Bernards Parents for Exceptional Children DOES NOT provide accident insurance. I also understand that a parent or guardian must stay for each family, as this is not a drop-off program . In addition, by coming to the Program, I consent on behalf of my family to the use of any photos or videos taken at the Program for publicity, marketing, or fundraising efforts.

Parent/Guardian Signature: _____ Date: _____