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Woodlands Primary School

Reference: 60 / 2017

12 May 2017

Dear Parents and Guardians,

FAMILY WELLNESS DAY ON SATURDAY, 3 JUN 2017

The WDP Parent Support Group (PSG), with support from Health Promotion Board (HPB) and Woodgrove Community Sports Club (CSC), will be organizing a Family Wellness Day on Saturday, 3 June 2017. The objectives of this programme are to promote active and healthy living, and provide an opportunity for families to bond and interact with other families.

2 The programme for the day is as follows:

Time	Activity
8.30 a.m.	Registration
9.00 a.m.	"Eat Right, Get Moving – A Healthier Start" by HPB. The workshop aims to guide parents on: <ul style="list-style-type: none">• Healthier eating at home and outside the home;• How to increase physical activity in one's daily routine; and• Ways to encourage a fussy eater to eat fruits and vegetables.
10.00 a.m.	Tea Break
10.30 a.m.	Sports Activities by Woodgrove CSC (Concurrent Sessions) <ul style="list-style-type: none">• Korfball• Lacrosse• Zumba
12.00 noon	Home Sweet Home

3 The registration fees for the event is \$2 per participant. The fees includes participation in all activities and tea break. All children must be accompanied by at least one adult. Registration is free for children age 6 and below.

4 Please complete the attached registration form and submit it together with payment to the General Office by Friday, 19 May 2017. Do note that registration is on first-come-first-served basis. Due to space constraints, we will only be able to accommodate a maximum of 120 participants.

5 You may contact the General Office at 6269 7410 should you require any clarification.

6 We look forward to your active participation and support for this event. Thank you.

Yours sincerely

Winnie Tan (Ms)
Principal



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FAMILY WELLNESS DAY
Saturday, 3 June 2017 / 8.30 a.m. to 12.00 noon

Registration Form

Particulars of Participants: *(All children must be accompanied by at least an adult)*

Name of Parent / Guardian (1):	_____	Relationship:	_____
Name of Parent / Guardian (2):	_____	Relationship:	_____
Name of Child (1):	_____	Class in WDP:	_____
Name of Child (2):	_____	(if applicable)	_____
Name of Child (3):	_____		_____
Name of Child (4):	_____		_____

Dietary Requirement: Non-Vegetarian (Halal) / Vegetarian

Contact Person:

_____	_____	_____	_____
Name	Signature	Mobile No	Date

For Office Use

Acknowledged Receipt of Payment

No. of Participants: _____ Amount Collected: _____

_____	_____	_____	_____
Name of Officer	Signature	Date	School Stamp

Gracious Woodlanders with the Zest to Excel