Dear Parent/Guardian,

TERM 2 ACTIVE KIDS PROGRAMME

1. Thank you for enrolling your child/ward in the Active Kids Programme (AKP), a collaborative effort between our school and the Health Promotion Board (HPB).

2. This programme aims to instil in pupils the habit of healthy living. Through AKP, pupils discover the fun in healthy eating and physical activities. They also learn how to choose healthier food items through interactive games and are exposed to different sports and workouts.

3. In this term, AKP sessions will be conducted at the sheltered basketball courts on Tuesdays, from 2 pm to 3 pm, except for 5 sessions which will be conducted by vendors engaged by HPB.

4. AKP sessions conducted by vendors engaged by HPB are fully-sponsored, i.e. free-of-charge. The details of these sessions are as follow:

<table>
<thead>
<tr>
<th>Date</th>
<th>12 April</th>
<th>3 May</th>
<th>14 May*</th>
<th>10 May</th>
<th>17 May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>2 pm - 3.30 pm</td>
<td>2 pm - 3.30 pm</td>
<td>9 am - 10.30 am</td>
<td>2 pm - 3.30 pm</td>
<td>2 pm - 3.30 pm</td>
</tr>
<tr>
<td>Venue</td>
<td>Basketball court</td>
<td>Basketball court</td>
<td>School carteeen</td>
<td>Basketball court</td>
<td>Basketball court</td>
</tr>
</tbody>
</table>

5. During the parent-and-child bonding session, you and your child/ward would have the opportunity to cook a healthy meal together and win attractive prizes.

6. Please complete the Consent Form required by HPB and return it to your child’s PE teacher by Friday, 8 April 2016. For clarifications, please contact our Health Education Coordinator, Mr Kelvin Toh at (telephone) 67567330 or (email) toh_chong_han_kelvin@moe.edu.sg.

7. I look forward to your continued support of our programmes. Thank you.

Yours sincerely,

Mr Kiran Kumar Gosian
Principal
HPB ACTIVE KIDS PROGRAMME (AKP) CONSENT FORM

I. ....................................................................................... (*Parent’s/Guardian’s Name).

☐ consent my child/ward to participate in AKP and would like to be updated on the programme schedule via SMS/email/phone (Please refer to Section A and sign).

☐ do not consent my child/ward to participate in AKP, *I do not wish to participate because:

Please tick your reason(s)

☐ 5 sessions are too long, and my child and I are unable to commit

☐ I do not think this programme will be useful in helping my child achieve a healthier weight

☐ My child has other commitments e.g. studies, classes, etc.

☐ My child’s weight is not an issue

☐ Others: ______________________________________________________

Section A: Programme Evaluation

A short questionnaire on dietary and exercise habits will be given to students and parents for the pre and post programme evaluation. This will help us to understand your child better and improve our programme for the benefit of your child and many other students in future.

Height and weight measurements before and at the end of the programme will also be taken to help your child monitor his weight progress. The collated and combined data and information may be shared with schools and healthcare institutions for education and research purposes. Please be assured that you and your child’s personal information such as names and contact details will be kept strictly confidential.

______________________________________________________________
Parent/Guardian’s name & signature

______________________________________________________________
Date

Contact no: __________________________________ (HP) __________________ (H) __________________ (O)

Email address: ________________________________________________

Child/ward’s name: ___________________________________________

BC/FIN: __________________________________ Class: _____________

School: Sembawang Primary School