



57 Ratcliffe Crescent, Florey ACT 2615  
PO Box 223, Kippax ACT 2615

Telephone (02) 6142 2730  
Website: [www.floreyps.act.edu.au](http://www.floreyps.act.edu.au)

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## The Nutrition Magician Performance 'The Super Kids Show' Seals and Penguins

Dear Families,

In preschool we are always learning about how we can stay safe, happy and healthy. To help learn more about ourselves we are excited to offer the children an opportunity to see 'The Nutrition Magician'.

The Nutrition Magician delivers a captivating performance designed for pre-schoolers. They learn about healthy living and how to make good personal health choices and the importance of eating well, drinking water and staying active. Comedy, magic and drama are woven together to present a highly entertaining and interactive show!

The incursion will be held:

**When: Friday 27 September (week 10)**  
**Where: Florey Preschool**  
**Time: 9:30am**  
**Cost: \$10.00**

Please complete the attached permission form and return it with the money to your child's classroom teacher by **Friday 20 September**.

Kind regards,

The Preschool Team



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### The Nutrition Magician

Please complete and return this form along with payment to the front office no later than **Friday 20 September**.

My child \_\_\_\_\_ in (class) \_\_\_\_\_ has my permission to attend the

Nutrition Magician performance on **Friday 27 September**. I understand that the event will be held at school.

I enclose \$ \_\_\_\_\_ by the following method:

- cash
- cheque (made payable to 'Florey Primary School')
- by EFTPOS at school
- EFT – Date of transfer \_\_\_\_\_

If paying electronically details are as follows:

Account Name: Florey Primary School Management Account

BSB: **032 777** Account No: **001279**

Details: The Nutrition Magician Students Name: \_\_\_\_\_

If paying by credit card, please complete the detail below to authorise payment for: Nutrition Magician

Student Name \_\_\_\_\_ Class \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Card Type  Visa  Mastercard

Card number           Exp. Date  /

Amount \$ \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_