



2014-2015 家長工作坊

敬啟者：

本校家長教師會及學校社工將會聯合舉辦「家長快樂瑜珈工作坊」，希望透過瑜珈練習，讓家長們身心健康，並紓緩生活上的壓力。同時，我們可藉此機會分享管教技巧和溝通方法，提昇親子關係。活動詳情如下：

活動名稱：	「快樂瑜珈工作坊」
日期：	2014年 10月25日、11月1日及11月8日(星期六)
時間：	上午10:30-12:00
對象：	中一至中三家長
地點：	地下 010室
內容：	● 約60分鐘瑜珈練習，增強身體柔軟度，以紓緩生活壓力(適合初學者) ● 分享有效管教技巧和溝通方法 * 參加者請自備瑜珈蓆、水、輕便服飾
課程費用：	全免
名額：	12人
負責人：	學校社工鍾慧雯姑娘 (電話：2464 3731)

截止報名日期：22/10/2014

有興趣參與家長工作坊的家長，請簽妥回條並著 貴子弟交校務處。如有垂詢，請與本校社工鍾慧雯姑娘聯絡。

此致
各家長

仁愛堂田家炳中學
家長教師會謹啟

二零一四年十月十七日

✂

回條 (請於 22/10前交回校務處鄧小姐)

敬覆者：本人已知悉 貴校舉辦家長快樂瑜珈工作坊，並

* 會依時出席上述活動。

家長姓名：_____ 聯絡電話：_____

未能出現上述課程活動。

此覆
仁愛堂田家炳中學
家長教師會

班別：_____ 座號：_____

學生姓名：_____

家長簽署：_____



YAN OI TONG
Tin Ka Ping Secondary School

仁愛堂田家炳中學

Shan King Estate, Tuen Mun, N.T., Hong Kong.

新界屯門山景邨 Tel:2466 5270

No.14-15/21
17 October 2014

2014-2015 Parent Workshop

The Parent-Teacher Association and social worker will organize a yoga workshop for parents which helps parents relieve stress and improve both physical and mental health through yoga practice. Meanwhile, sharing on parenting style and communication skills help foster parent-children relationship. Details of the workshop are as follows:

Activity title:	Happiness Yoga
Date:	25 Oct, 1 Nov and 8 Nov 2014 (Saturday)
Time:	10:30am - 12:00nn
Target:	Parents of S1-S3 students
Venue:	Rm 010, G/F
Content:	<ul style="list-style-type: none"> ● Approximately 60 minutes of yoga practice, improve flexibility and stress relief (suitable for beginners) ● sharing on communication skills and parenting styles <p>*Parents should bring their own yoga mat, water and wear comfortable outfits.</p>
Fee:	Free
Quota:	12
Person-in-charge:	Ms Chung Wai Man, school social worker, Tel: 2464 3731

Parents interested in the workshop are kindly requested to complete the reply slip below. The completed reply slip should be submitted to the school office

Application deadline: 22 October 2014

Parent-Teacher Association
Yan Oi Tong Tin Ka Ping Secondary School

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Reply slip (To be submitted to Ms Tang at the school office by 22 Oct)

_____October 2014

I am notified of the school's arrangement of the parent workshop: Happiness Yoga, I:

* will attend the workshop on the date and time specified above.
Name of parent:_____ Contact number:_____

will not be able to attend the workshop.
(*please ✓ the appropriate)

Class:_____ No.:_____

Name of student: _____

Parent signature: _____