



Parent-Teacher Association

Notice: 23/2025-26

3.3.2026

Dear Parents/Guardians,

Parent-Child Yoga Workshop

To promote health, wellness, and harmonious parent-child relationships, we are pleased to organize a Parent-Child Yoga Workshop. Details are as follows:

Date:	24.3.2026 (Tuesday)
Time:	2:00 p.m. – 2:45 p.m. (Parents' workshop) 2:45 p.m. – 3:20 p.m. (Parent-Child workshop)
Venue:	School Hall
Content:	<ul style="list-style-type: none">● Using yoga as a tool for managing stress and fostering mental and emotional self-awareness● Joyful connection, empathetic communication, and mutual appreciation

● **Registration Information:**

1. Quota is limited to **25 pairs of parents and students (one parent and one child per pair)**
2. If we receive more than 25 applications, a lottery will be conducted by the PTA Committee to confirm participants and create a waiting list.
3. Please note that **applications after 6.3.2026 (Friday) and walk-in participants on the day will not be accepted.**
4. Confirmation messages will be sent to applicants via eClass on 9.3.2026 (Monday)
5. If a confirmed participant is unable to attend and informs Ms FU in advance, their place will be offered to the next parent on the waiting list.

● **Remarks:**

1. Sports attire is strongly recommended for parents. Students are required to wear their PE uniform.
2. Yoga mats will be provided by the school. Parents are also welcome to bring their own.

Please return the reply slip in the e-notice on or before **6.3.2026 (Friday)**. Should you have any enquiries, please contact Ms FU (Deputy Headmistress) at 2386 8049 during school hours.

(Ms CHUI Sau-man)

Headmistress

Reply Slip
Parent-Child Yoga Workshop

PTA Notice: 23/2025-26

Date: _____

To: PTA Chairperson and Headmistress,

I have read the PTA Notice No. 23/2025-26 dated 3.3.2026 and I fully understand its content.

I **wish** to join:

- the Parent-child Yoga Workshop on 24 March 2026 with my child, _____ . (Please write child's name)
- I declare that my child and I are fit to participate in these physical activities.

I **do not wish** to join.

Student's Name: _____ () Class: P. _____

Parent's / Guardian's Signature: _____ Contact number: _____

**Please ✓ the appropriate box.*