## D.A.V. PUBLIC SCHOOL, THANE

**SESSION: 2023-2024** 

PRE - PRIMARY SECTION (JR. KG)

Date: 14.08.23

Ref: DAV/Thane/2023-24/Cir-63

**Dear Parents, Greetings!!** 

## **PARENT COUNSELLING SESSION**

This is to inform you that in an initiative to enrich the children's life by inculcating values and morals for a better living, we are conducting PARENT COUNSELLING SESSION to empower our parent fraternity.

This is an endeavor taken to enable parents to brace themselves with the changing trends of PARENTING.

## **Details of the Session:**

**Topic:** Developmental Milestones: Delays and Therapies

\*Only one parent is requested to attend the session.

**Time Duration**: 1 hour

The Parent Counselling Session will be held class wise in the school by the school Counsellor.

Schedule is as follows -

| Date       | Class/Section         | Timings               |  |
|------------|-----------------------|-----------------------|--|
| 19/08/2023 | Jr. Kg. A, A1 & B, B1 | 9:00 am to 10:00 am   |  |
| 19/08/2023 | Jr. Kg. C, C1 & D, D1 | 10:30 am to 11:30 am  |  |
| 19/08/2023 | Jr. Kg. E & E1        | 12:00 noon to 1:00 pm |  |

| TD 4              | 4 1 4     | 11 4      | 41 •      | 4 4 4       | 1 4       | 1 • 1 4 4 1 |         | •        |
|-------------------|-----------|-----------|-----------|-------------|-----------|-------------|---------|----------|
| Parents are req   | nt hatsam | adhere to | their rec | nective tim | A CINTC W | hile attend | ing the | CACCIAN  |
| I altilis alt ltq | ucsicu io | auncicio  | unch ics  | pecuve mm   | C SIULS W | mic accend  | mig uic | SCSSIUII |

Thanking You,

| Warm Regards,                 |                                       |         |
|-------------------------------|---------------------------------------|---------|
| Mrs. Simmi Juneja             |                                       |         |
| Principal                     |                                       |         |
|                               | cut here                              |         |
|                               | CONSENT FORM                          |         |
|                               | PARENT COUNSELLING SESSION            |         |
| I, Mr./Mrs                    | P/O Mast. / Miss                      | Std/Div |
| give my consent towards atten | ding the Parent Counselling Session . |         |
| Parent's Name                 | Parents Signature                     |         |
|                               | Date:                                 |         |