

# 通告 Notice

## No. 21081 : Touch Therapy - Parent-Child Experiential Group

10<sup>th</sup> January, 2022

Dear Parents,

Touch therapy has been found to be effective in maintaining a child's physical and emotional health, as well as promoting parent-child relationships. Our school will cooperate with Seed of Creation Learning Centre to hold a 'Touch Therapy - Parent-Child Experiential Group'. A touch therapy trainer will teach the concept of touch therapy and skills in the group, and parents will do live practice as well. Details are as follows:

Date	Time	Activities	Targets	Mode
24/2, 3/3, 10/3, 24/3, 31/3, 7/4, 5/5, 12/5, 19/5 (Thursday)	2:30 p.m. - 3:30 p.m.	Group Sessions	Students and parents	Zoom
26/5 (Thursday)	2:30 p.m. - 3:30 p.m.	Individual Consultation Session (Each parent will have a 10 minute individual meeting with the touch therapy trainer. The meeting schedule will be announced in ClassDojo later)	Parent	Zoom

### Remarks:

1. All the above activities are free of charge (including the group materials).
2. A bottle of 50 ml 'Sweet Almond Oil' will be provided in the group. Please make sure that you have enough oil for all 10 sessions.
3. The cost of the programme has been fully subsidized by the school. In order to prevent a waste of school resources, please make sure you attend all the sessions.
4. The log-in Zoom details for the group are as follows:
  - 4.1. Meeting ID: 320 319 8484
  - 4.2. Passcode: 25775188
  - 4.3. Parents and students are able to login to the Zoom meeting at 2:25 p.m.



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Please return the reply slip on or before 13<sup>th</sup> January, 2022. If you have any enquiries, please call Ms. Chan Wai Kwan at 2577-5188.

Li Sing Tai Hang School



Ms. Shirley Yip, the Principal

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## Reply Slip

To: Li Sing Tai Hang School. I have acknowledged the School Notice No.21081 and I (Please ✓ where appropriate)

- agree to join the Touch Therapy - Parent-Child Experiential Group.
- disagree to join the Touch Therapy - Parent-Child Experiential Group.

Class: \_\_\_\_\_ Name: \_\_\_\_\_ ( ) Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_