THE MILLENNIUM SCHOOL, BATHINDA

Ref. No. TMS / B 23 – 24 / INFO 055   Date: 11th Sept 2024

Dear Parent / Guardians,

We are honoured to invite our beloved grandparents to celebrate **Grandparents' Day** with us at a **special Yoga and Health Camp**. Grandparents are the guiding lights of our families, who nurture us with their endless love, wisdom, and life experiences. This event is our small way of showing gratitude for the countless moments of joy they have gifted us.

On this special day, let's come together to cherish their well-being and celebrate the strength and resilience they've passed down to us. The camp is designed to give our dear grandparents a moment of relaxation, rejuvenation, and care – because they deserve nothing less.

The camp will include:

- A peaceful Yoga Session, led by certified instructor, aimed at bringing calm and vitality.
- Personalized Health Check-ups by renowned doctors, offering valuable advice on staying healthy and active in the golden years.

Event Details:

Date: 27th September 2024

Time: 8.30 a.m. onwards

Venue: School MPH

Dress Code: Comfortable clothing suitable for yoga

Note: Please bring a yoga mat and a water bottle.

Let's make this day a memorable tribute to our cherished grandparents, who have filled our hearts with love and our lives with beautiful memories. We kindly request you to fill out the attached form to confirm participation in this special event. **Please return the consent form to the class teacher by 14th September 2024.** We look forward to celebrating this joyous day with our beloved elders!.

Thanks & Regards

Ms. Neha Sehgal
Principal
The Millennium School, Bathinda

Consent Form

I, ..., grandparent of .... studying in Class .... Sec .... Adm No. .... am honoured to join the **Grandparents' Day Yoga and Health Camp**. I am deeply touched by the school's initiative and am looking forward to a day of wellness and joy. I confirm my participation in the yoga session and health check-up with heartfelt appreciation.

Name and Signature: ....   Mobile No. ....

Date: ....