

# YOGA LEARNING ADVENTURES

















# **Kids Yoga Classes**

## Winter & Spring 2019

Kindergarten-5th grade students from all schools are welcome to sign up for the Tuesday or Thursday sessions by the semester. Classes meet in the Kellar School Gym in Peoria from 3:45-4:45pm.

<b>TUESDAY SESSIONS</b>	THURSDAY SESSIONS		
January 8, 15, 22, 29	January 10, 17, 24, 31		
\$40	\$40		
February 12, 19, 26	February 14, 21, 28		
\$30	\$30		
March 5, 12, 19, 26	March 7, 14, 21, 28		
\$40	\$40		
April 2, 23, 30	April 4, 11, 25		
\$30	\$30		
May 7, 14, 21	May 2, 9, 16		
\$30	\$30		
SEMESTER DISCOUNT RATE	SEMESTER DISCOUNT RATE		
<del>\$170</del> \$153—Save 10%	<del>\$170</del> \$153—Save 10%		

### Hurry, class size is limited & sessions fill quickly!

**SEMESTER** 

DISCOUNT

**RATE** 

10% OFF

#### What are the benefits of kids yoga?

Yoga builds confidence, improves focus, teaches tools to manage emotions in a healthy way, develops physical strength & balance, and it provides opportunities for social connections that are noncompetitive and inclusive.

#### What do classes include?

Classes include yoga & breathing exercises, games, art, music, stories, aromatherapy, & more! Students learn how to regulate their moods as well as get some exercise.

#### What are the dismissal procedures?

Parents wait outside of the gym until we are finished at 4:45pm. If you need to pick up your child early, please enter as quietly as possible. For safety purposes, I ask each child to tell me who is here to pick them up before they leave the gym.

### Does my child need to bring anything to yoga class?

Please bring a yoga mat if you have one. Your child is welcome to bring a healthy snack to eat before class begins. No dessert please. A change of clothes is optional. We recommend dressing comfortably in clothing with no buttons or zippers and plan to be barefoot. Be mindful of a shirt long enough to tuck in for upside down poses. secure longer hair out of the face.

If you have questions, please contact angie@yogalearningadventures.com

For more information or to pay online, visit www.yogalearningadventures.com

#### **WINTER & SPRING 2019 REGISTRATION FORM**

PLEASE SELECT WHICH SESSION YOUR  TUESDAY SESSIONS  THURSDAY SESSIONS	KINDERGARTEN-FIFTH GRADER WILL BE	ATTENDING F	OR THE SEMESTER:		
STUDENT'S NAME	M/F AGE	GRADE	SCHOOL	TEACHER	
PARENT'S NAME	EMAIL			PHONE	
PARENT'S NAME	EMAIL			PHONE	
ADDRESS (STREET, CITY, & ZIP)					
DISMISSAL INSTRUCTIONS:	☐ My child will go to Kellar Latchkey.		My child will be pio	cked up. List all people who have your permission.	
ALLERGIES, SPECIAL NEEDS, OR OTHER	CONSIDERATIONS				
☐ Does your child have an IEP? Tel	I me more about the special services and	d accommoda	tions received:		
□ Does your child have an aide or assistant at school? Tell me more about the behavioral or academic support provided:					
EMERGENCY CONTACT IF PARENTS CA	NNOT BE REACHED:				
NAME	PHONE		RELATIONSHI	P TO CHILD	
<ol> <li>E-mail completed form to angie@yc</li> <li>Make monthly payments or pay for Learning Adventures. Each month's for</li> </ol>	ees are due the day before the first clas y to secure your child's spot each month ting payment.  ANGIE	e form on the value of the Kellar office Cash, check, one of the mont	vebsite or pick one u e, or mail to address online credit card p h. Same day paymer he full semester upfr		
	6413 N. M	OUNT HAWLE	Y ROAD		
INJURIES, INCLUDING DEATH, DAMAGES, OF MY CHILD/WARD MAY HAVE AS A RESULT O EMPLOYEES. I DO HEREBY FULLY RELEASE A ANY AND ALL CLAIMS FROM INJURIES, INCLIKIDS YOGA. I FURTHER AGREE TO INDEMNIEMPLOYEES FROM ANY AND ALL CLAIMS REOR IN ANY WAY ASSOCIATED WITH ACTIVITIPERSONNEL.  I HEREBY CONSENT TO THE USE OF MY CHIL	WAIVEI  NT, I RECOGNIZE AND ACKNOWLEDGE THAT TO R LOSS WHICH MY CHILD/WARD MAY SUSTAIN  F PARTICIPATING IN KIDS YOGA AGAINST YOG  ND DISCHARGE YOGA LEARNING ADVENTURE  UDING DEATH, DAMAGE, OR LOSS WHICH MY  FY AND HOLD HARMLESS AND DEFEND YOGA  SULTING FROM INJURIES, INCLUDING DEATH,  IES OF KIDS YOGA. IN CASE OF AN ACCIDENT OF  D/WARD'S PHOTOGRAPH IN BROCHURES, PRO	N AS A RESULT C SA LEARNING AD IS LLC, ANGIE SV CHILD/WARD N LEARNING ADVI DAMAGES, ANI OR SICKNESS, I C OMOTIONAL MA	AIN RISKS OF PHYSICAL F PARTICIPATING IN KIE VENTURES LLC, ANGIE S VEARINGIAN, HER VOLU IAY HAVE, OR ACCRUE ENTURES LLC, ANGIE SW O LOSSES SUSTAINED BY ONSENT TO EMERGENO	INJURY AND I AGREE TO ASSUME THE FULL RISK OF ANY DS YOGA. I AGREE TO WAIVE AND RELINQUISH ALL CLAIMS EWEARINGIAN, HER VOLUNTEERS, AND DISTRICT 150 OR ITS INTEERS, AND DISTRICT 150 AND 3ITS EMPLOYEES FROM TO MY CHILD/WARD ON ACCOUNT OF PARTICIPATION IN YEARINGIAN, HER VOLUNTEERS, AND DISTRICT 150 AND ITS IN MY CHILD/WARD AND ARISING OUT OF, CONNECTED WITH, CY MEDICAL CARE PROVIDED BY AMBULANCE OR HOSPITAL	
USED IN PROFESSIONAL DEVELOPMENT FOR RESCISSION OF THIS AUTHORIZATION.	R TEACHERS, AS WELL AS IN CHILDREN'S YOGA	CLASSES. THIS	AUTHORIZATION IS COI	VITHOUT COMPENSATION. THIS MATERIAL MAY ALSO BE NTINUOUS, AND MAY ONLY BE WITHDRAWN BY MY SPECIFIC	
PARENT SIGNATURE	ER AND RELEASE AND FULLY UNDERSTAND THE CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.  DATE				

PRINTED NAME