

YOGA LEARNING ADVENTURES

KIDS YOGA CLASSES

Spring 2020

**SEMESTER
DISCOUNT RATE
10-20% OFF!**

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

TUESDAY SESSION	THURSDAY SESSION
January 7, 14, 21, 28 \$40	January 9, 16, 23, 30 \$40
February 11, 18, 25 \$30	February 6, 13, 20, 27 \$40
March 3, 10, 17, 31 \$40	March 5, 12, 19 \$30
April 14, 21, 28 \$30	April 2, 9, 16, 23, 30 \$50
May 5, 12 \$20	May 7, 14 \$20
SEMESTER DISCOUNT RATES:	
BY 12/19 —Save 20% \$160 \$128	BY 12/19—Save 20% \$180 \$144
BY 1/6—Save 10% \$180 \$144	BY 1/8—Save 10% \$180 \$162

What are the benefits of yoga for children?

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, we ask each child to tell me goodbye & who is there to pick them up before they leave the gym.

Does my child need to bring anything to yoga class?

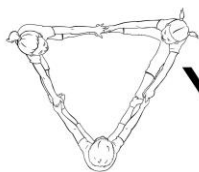
Please bring a yoga mat if you have one. Your child is welcome to bring a healthy snack to eat before class begins. No dessert please. A change of clothes is optional. We recommend dressing comfortably in clothing with no buttons or zippers and plan to be barefoot. Be mindful of having a shirt long enough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

How do I register my child if he/she is returning from the Fall 2019 semester?

Let Angie Swearingian know and submit payment for the spring semester or for January. No need to fill out another form.

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

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



YOGA LEARNING ADVENTURES

KIDS YOGA CLASS

2019-2020 REGISTRATION FORM

(1 form per school year)

TO REGISTER FOR KIDS YOGA CLASSES:

1. E-mail form to angie@yogalearningadventures.com, drop off in the Kellar Office, mail to address below, or give to Angie Swearingian after school on Tuesdays or Thursdays in the Kellar gym.
2. Make monthly payments or pay for the semester to receive 10-20% discount. Cash, check, or online credit card payments are accepted. Make checks payable to *Yoga Learning Adventures*. **Each month's fees are due the day before the first class of the month.** Same day payments and registrations are not accepted unless prior arrangements are made. The only way to secure your child's spot each month is to pay for the full semester upfront, otherwise monthly sessions are reserved on a first come, first served basis by submitting payment. Payments can be dropped off in the Kellar office, mailed to the address below, or given to Angie Swearingian after school on Tuesdays or Thursdays in the Kellar gym.

WHICH SESSION WILL YOUR CHILD WILL BE ATTENDING FOR THE SEMESTER?

- ☐ Tuesdays
☐ Thursdays

SELECT YOUR PAYMENT OPTION:

- ☐ By semester--receive up to 20% discount
☐ By month--due the day before the 1st day of class each month

STUDENT'S NAME _____ M/F _____ AGE _____ GRADE _____ SCHOOL _____ TEACHER _____

PARENT'S NAME _____ EMAIL _____ PHONE _____

PARENT'S NAME _____ EMAIL _____ PHONE _____

ADDRESS (STREET, CITY, & ZIP) _____

SELECT DISMISSAL INSTRUCTIONS:

- ☐ My child will go to Kellar Latchkey. ☐ My child will be picked up. List all people who have your permission.

ALLERGIES, SPECIAL NEEDS, OR OTHER CONSIDERATIONS _____

☐ Does your child have an IEP? Tell me more about the special services and accommodations 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 CANNOT BE REACHED:

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

WAIVER AND RELEASE

AS THE PARENT/GUARDIAN OF A PARTICIPANT, I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY AND I AGREE TO ASSUME THE FULL RISK OF ANY INJURIES, INCLUDING DEATH, DAMAGES, OR LOSS WHICH MY CHILD/WARD MAY SUSTAIN AS A RESULT OF PARTICIPATING IN KIDS YOGA. I AGREE TO WAIVE AND RELINQUISH ALL CLAIMS MY CHILD/WARD MAY HAVE AS A RESULT OF PARTICIPATING IN KIDS YOGA AGAINST YOGA LEARNING ADVENTURES LLC, ANGIE SWEARINGIAN, HER VOLUNTEERS, AND DISTRICT 150 OR ITS EMPLOYEES. I DO HEREBY FULLY RELEASE AND DISCHARGE YOGA LEARNING ADVENTURES LLC, ANGIE SWEARINGIAN, HER VOLUNTEERS, AND DISTRICT 150 AND ITS EMPLOYEES FROM ANY AND ALL CLAIMS FROM INJURIES, INCLUDING DEATH, DAMAGE, OR LOSS WHICH MY CHILD/WARD MAY HAVE, OR ACCRUE TO MY CHILD/WARD ON ACCOUNT OF PARTICIPATION IN KIDS YOGA. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS AND DEFEND YOGA LEARNING ADVENTURES LLC, ANGIE SWEARINGIAN, HER VOLUNTEERS, AND DISTRICT 150 AND ITS EMPLOYEES FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES, INCLUDING DEATH, DAMAGES, AND LOSSES SUSTAINED BY MY CHILD/WARD AND ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH ACTIVITIES OF KIDS YOGA. IN CASE OF AN ACCIDENT OR SICKNESS, I CONSENT TO EMERGENCY MEDICAL CARE PROVIDED BY AMBULANCE OR HOSPITAL PERSONNEL.

I HEREBY CONSENT TO THE USE OF MY CHILD/WARD'S PHOTOGRAPH IN BROCHURES, PROMOTIONAL MATERIALS, VARIOUS EDUCATION OR YOGA PUBLICATIONS AND INTERNET WEB PAGES, TEACHING MANUALS, VIDEOS, SUPPORTING MATERIALS, ETC. INCLUDING HIS OR HER IMAGE, LIKENESS AND/OR VOICE WITHOUT COMPENSATION. THIS MATERIAL MAY ALSO BE USED IN PROFESSIONAL DEVELOPMENT FOR TEACHERS, AS WELL AS IN CHILDREN'S YOGA CLASSES. THIS AUTHORIZATION IS CONTINUOUS, AND MAY ONLY BE WITHDRAWN BY MY SPECIFIC RESCISSION OF THIS AUTHORIZATION.

☐ I HAVE READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND THE CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

PARENT SIGNATURE _____ DATE _____

PRINTED NAME _____

MAILING ADDRESS
Yoga Learning Adventures
102 Fraser Street
East Peoria, IL 61611

EMAIL ADDRESS
angie@yogalearningadventures.com

WEBSITE
www.yogalearningadventures.com

CLASS LOCATION
Kellar School Gym
6413 N. Mount Hawley Road
Peoria, IL 61614