

**Teacher Certification Application Children’s Program**

Please complete the application, payment plan, and sign last page before remittance.

T0 return the application:

FAX: To Gabriela at 845 848 2451

Email to: info@YoungMountainYoga.com

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession/Present Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions on the lines below; if you need more space, attach a page.**

1. Do you currently study yoga? If so tell us about your practice

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2. List classes, workshops, and retreats you have attended in the past year. Please

Include as much detail as possible (style, level, hours, etc.)

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3. What is your intention once you have completed the certification program? How do you plan on using your certification?

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4. List any previous relevant training you have attended

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5. Briefly summarize your health history

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6. How did you learn about Young Mountain Yoga?

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**Please answer the following questions in brief essay form. You may use the back, or attach a separate sheet of paper.**

How has Yoga affected your life?

Why do you want to become a yoga teacher?



**Children and Teen Yoga Teacher Training Certification Criteria Agreement**

Under the guidelines of Young Mountain Yoga you will be required to complete 95 hours of instruction, which are in accordance with the National Yoga Alliance registry. Our well-established history of teaching exceeds the minimum requirements. Under our program you will learn additional facets of yoga that can take others years to discover on their own.

**Graduation Criteria**

1. 100% attendance is mandatory, including arriving to sessions on time and staying to completion. You are responsible for logging your hours and signing the attendance sheet at each session. If you miss class due to illness you must present a physician’s note. Make up classes will be in the form of private sessions and can be quite expensive ($85.00 per hour). You will be required to make up the hours to receive certification.

2. All fees must be paid in full prior to graduation. The tuition is non refundable. Should an extreme occurrence prohibit you from completing the certification course you may renew the following semester and your unused portion will be credited towards the new enrollment.

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Signature Date



**Payment Options for 2,020 Teacher Certification Application Children and Teens Program**

**Tuition Payment Options**

**Payment Option One- Payment in full for complete certification**

**Tuition Total: $1750**

**Payment Option Two - $350 Single Module**

**Please Complete**

❏ Option One $1750.00

❏ Single Module $350 Module Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa/ Master Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

CV2 number\_\_\_\_\_\_\_\_\_ (on back of card)

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature Date**

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**Print Name**