

Yoga/Mindfulness

By, Lotus Counseling of CT



BES 3:15-4:30

GRADES: K-5 Tuesday's Jan. 16th, 30th, Feb. 6th, 13th, 27th Cost: \$50.00

Why Yoga for kids?

- **Increases self-esteem**
- **Decreases bullying**
- **Improves concentration**
- **Promotes positivity**
- **Strengthens body and mind**

What you can expect from this Yoga class?

- **Fun!! Movement!! Play!! Kids yoga is much more active than adult yoga, but in between the play and fun kids will learn poses, do breath work, and practice mindfulness.**
- **Music, stories, and themes are all used to keep kids engaged and enjoying themselves.**
- **All classes include social/emotional development themes such as kindness, being a friend, and respecting ourselves and others.**
- **All classes will begin and end with a mindful meditation/activity, which will help kids learn how to calm their bodies and their minds.**

PLEASE SEND REGISTRATION FORM BELOW AND CHECK TO PARK & RECREATION NO LATER THAN ONE WEEK PRIOR TO THE START OF PROGRAM. SPACE IS LIMITED! A NOTE TO YOUR CHILD'S TEACHER STATING ATTENDANCE IS REQUIRED! **STUDENT MAY NOT STAY FOR THE PROGRAM IF THEY DO NOT HAVE A NOTE.**

No make ups.

BETHLEHEM PARK & RECREATION REGISTRATION FORM

REGISTRATION INFORMATION: ALL REGISTRATIONS AND PAYMENTS FOR PROGRAMS MUST BE RECEIVED IN ADVANCE. MAKE CHECKS PAYABLE TO BETHLEHEM PARK & RECREATION, P.O. BOX 160, BETHLEHEM CT 06751. I GIVE PERMISSIN FOR MY CHILD/SELF TO TAKE PART IN THE BELOW NAMED ACTIVITY. BY SIGNING THIS FORM, I WAIVE ALL CLAIMS AGAINST THE TOWN OF BETHLEHEM, PARK & RECREATION DEPARTMENT, AND ALL PERSONNEL FROM ANY LIABILITY FOR INJURIES, LOSS, OR OTHER CLAIMS RESULTING FROM PARTICIPATION IN THIS ACTIVITY. IF I CANNOT BE REACHED, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN, PROGRAM SUPERVISOR, OR HOSPITAL TO SECURE PROPER TREATMENT FOR MY CHILD OR MYSELF.

PROGRAM REGISTERING FOR: _____

SIGNED PARENT/GUARDIAN/SELF: _____ DATE: _____

PARTICIPANTS NAME: _____ DOB: _____

AGE: _____ SEX: _____ GRADE: _____ FEE: _____

ADDRESS: _____ TOWN: _____

PHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

ANY MEDICAL CONDITIONS THE RECREATION DEPARTMENT SHOULD BE AWARE OF?

PLEASE LIST NAMES OF ADULTS WITH PERMISSION TO PICK CHILD/CHILDREN
UP _____