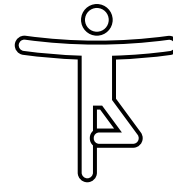




Yoga Club



1st - 5th Grade

🧘 KES Yoga Club/Peaceful Poses Yoga Club After School 2024-2025 Registration 🧘

🌟 Calling all Yoga Lovers! 🌟

Mrs. Corinne & Ms. Puzio-Sabini would like to welcome students to an exciting world of our after-school Yoga Club for kids! Get ready to embark on a journey full of fun, relaxation, and adventure as we stretch, breathe, and strike some awesome poses together. 🧘🧘 Join us in a magical space where we'll explore playful movements, learn calming techniques, and discover the joy of yoga in a way that's specially designed for young yogis like you. Let's boost our energy, unleash our creativity, and have a blast while making new friends along the way. 😊 Get ready to strike a pose and let the fun begin! 🧘 If your child is interested, please fill the attached permission slip and return it to your child's teacher. We will be glad to have you. ❤️

Cost: \$65

Who: 1st-5th grade students welcome!

When: April 8th - May 15th Every Tue & Thurs @ 3:00pm -4:00pm

Where: Ketterlinus

What to Bring: A yoga mat or towel, a positive attitude, a snack, and a water bottle

The Process: School Pay is preferred. **You will receive a confirmation and pay after.**

Why Join? 🌟 Improves focus and concentration 🌟 Encourages relaxation and mindfulness

🌟 Boosts strength and flexibility 🌟 Builds confidence and self-awareness

🧠 Let's move, breathe, and grow together!

Sign up today! For more information, contact:

Room #142

Mrs. Corinne

Corinne.Fuller@stjohns.k12.fl.us

Ms. Puzio-Sabini

Coleen.Puzio@stjohns.k12.fl.us

If you are interested, please fill out the attached form and return it to your teacher.

Peaceful Poses Yoga Club

Limited spaces available!

Yoga Club After School Permission Slip

Student Name: _____ Teacher: _____ Grade: _____

I, _____, (parent/guardian) give permission for my child to participate in the Yoga Club at Ketterlinus. **Physical Activity Notice:** I understand that Yoga Club involves physical activity, and I give my child permission to participate.

Parent name: _____ Number: _____

Parent/Guardian Signature

Date

Email: _____

Emergency Contact Info: _____
Name Number Relationship

How will your child go home? _____ (Please indicate parent pickup, COVE, etc.)

Who Will Pick Up Your Child? _____ *Please have car tag displayed*