Yoga for Kids at Samira Yoga Studio LLC

6736 Reynolds Street 2nd Floor POINT BREEZE 15206

(All information provided will be kept private and confidential)

Child's Name: _____ _____
LAST FIRST

Date of Birth: _____ Age: ___ School/Grade: _____

Parent/Guardian Name: _____ Phone #: _____

Alternate # : _____

Address: _____

_____ E-Mail: _____

Please **circle w**hich session you are registering for:

Yoga for Kids
4.5 years old - 2nd grade
Tuesdays 4:00pm - 5:00pm

Yoga for Kids
3rd grade-5th grade
Thursdays 4:00pm-5:00pm

To assist me in working safely with your child and support her/him during class, please provide the requested information:

Does your child have:

- Allergies Yes/No If **yes,** please list here:

_____

- A behavior plan that is used at school and/or at home Yes/No

As a parent/guardian, I feel yoga is/will be beneficial for my child because:: _____

_____

_____

Please list any prior health conditions your child has had (even if it is gone or controlled by meds) or concerns that I should be aware of as I work with your child: _____

_____

_____

Please provide any other information you feel would be helpful in working with your child:

Parent/Guardian Signature: _____ Date: _____