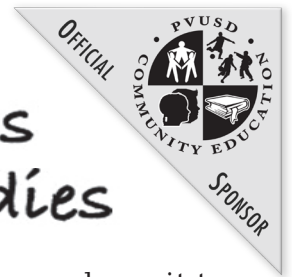




Cultivating
Healthy Minds
and Healthy Bodies



This invigorating class will teach children how to capture their boundless energy and use it to build healthy minds and bodies. Cooperative games, including partner poses, themed activities, music and art engage the natural energy and enthusiasm of this age group; inspiring positive peer interactions that carry into everyday lives. Yoga 4 Kids offers students the opportunity to build strength, flexibility, coordination, confidence, self-esteem and mindful concentration, in a positive, non-competitive environment.



Questions? Contact Ali at **(480) 628-3012** or visit **www.zenergyyoga.net**.

Location	Room	Grades	Day(s)	Start/End Dates	Time	Fee
Desert Trails	250	K-4	Tues	9/7-10/12*	3:05-4:05pm	\$49
Grayhawk	MPR	3-6	Fri	9/10-10/22*	3:05-4:05pm	\$69
Grayhawk	MPR	K-3	Fri	11/5-12/17*	3:05-4:05pm	\$59
Pinnacle Peak	MPR	K-4	Wed	9/1-10/20	3:05-4:05pm	\$79
Whispering Wind	250	K-4	Tues	11/2-12/14*	3:05-4:05pm	\$69

**Class will not be held 9/21, 10/19, 10/26 or 11/26.*



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PVUSD COMMUNITY EDUCATION ENRICHMENT REGISTRATION FORM

First/Last Name _____ Grade _____ Home School _____

Parent/Guardian's Name _____ Email Address _____

Street Address _____ City _____ Zip Code _____

Phone: Home (___) _____ Work (___) _____ Cell (___) _____

Emergency Contact Name _____ Home (___) _____ Work (___) _____

Transportation: Parent Pick-up Walk Home Child Care Other _____ (Please send written notice if your child's way home changes)

Code	Name of Class/Camp	Location	Dates	Time	Fee
CS1119	Zenergy Yoga/Yoga 4 Kids			3:05-4:05	

You may register one of the following ways (registration and payment must be received at least three business days prior to start date):

① Register online at <http://comed.pvschools.net> ② Call Community Education at (602) 449-2200/2201/2202 with VISA or MasterCard ③ Bring or mail registration form and payment to Community Education, 15032 N. 32nd St., Phoenix, AZ, 85032. Office hours are Monday-Friday, 8:00am to 5:00pm. You are enrolled upon receipt of payment. Refunds are available until start of session and include a \$25.00 fee. A full refund and notification will be given only if classes are cancelled.

Payment Type: Cash Check# _____ (Make checks payable to Community Education) VISA MasterCard Card# _____ Exp. _____ Signature _____

Please read carefully: I hereby authorize the Directors of _____ class/camp held at _____ school to act for me in any emergency requiring medical attention. I agree to be treated by a licensed physician while attending class/camp and to assume all costs related to such treatment. I waive and release any and all rights and claims I have against Paradise Valley Unified School District or its representatives for damages which may be sustained by me.

Parent/Guardian's Signature _____ Date _____

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