

After School Yoga with Emily Phillips



I am so excited to be back with Our Mother of Good Counsel to offer in-person yoga enrichment! I was a classroom educator for 13 years in Indiana, I received my yoga certification, and incorporated yoga and mindfulness into our curriculum. I have seen students turn to yoga to calm their bodies and their minds, especially after this difficult year. Practicing yoga can increase focus, bring positivity into their life, and target their energy.

I moved out to California in 2019 to follow my passion of sharing this gift with schools, students, and teachers. I have created after school yoga programs in Los Angeles in private schools, charter schools, as well as yoga and meditation for teachers on Zoom for self-care. During the pandemic we finished our live sessions on Zoom and I traveled to different learning PODS to share yoga with students and families.

I will be leading a 45 minute after school yoga class for all children. All they will need is a yoga mat or a towel, and a water bottle!

Emily Phillips
www.emilyphillipsyoga.com
emphilli@gmail.com
@emphilli



I am really excited to be back in person and to continue sharing the gift of yoga with the students of Our Mother of Good Counsel School!

All Grades are Welcome!	After School Yoga	Day/Time
TK-8th grade	Yoga for anyBODY and all levels!	Thursday's 3:15- 4pm (September 2, 9, 16, 23 October 14, 21, & 28)

Number of Children	Tuition
1 Child	\$20 a Class

Please register soon because spots will fill up! Students can bring comfortable clothing to change into, a water bottle, and their yoga mat or towel.

***In order for your child to attend after school yoga, you MUST fill out and sign the registration consent and waiver. If you have any questions please reach out, my cell phone is 317-507-8994. Thank you!**

Registration for After School Yoga with Emily Phillips

FAMILY INFORMATION

Last Name	Father's Name	Mother's Name
------------------	----------------------	----------------------

Home Phone	Work Phone	Cell Phone
-------------------	-------------------	-------------------

STUDENT INFORMATION

1.

Name	Birth Date	Grade	Precautions (Allergies, etc.)
-------------	-------------------	--------------	--------------------------------------

2.

Name	Birth Date	Grade	Precautions (Allergies, etc.)
-------------	-------------------	--------------	--------------------------------------

3.

Name	Birth Date	Grade	Precautions (Allergies, etc.)
-------------	-------------------	--------------	--------------------------------------

Name, telephone number(s), and relationship of person(s) authorized to pick up student(s) or be called in an emergency (other than mother and father listed above).

1.

2.

3.

Consent

I/We agree to all the above terms and understand that the school does not resume responsibility for payment of physician and/or hospital in the case of an emergency, however, in an emergency the school may choose a physician.

Parent/Guardian Signature	Date
----------------------------------	-------------