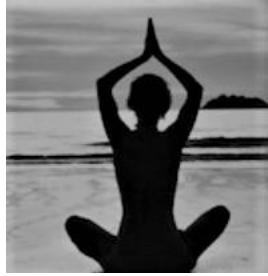


**YANA  
Children's Yoga**



Kay Mistry  
yana.yoga@outlook.com  
07818403869

Dear Parents/Guardian

Firstly, I would like to introduce myself to you. My name is Kay and I am a qualified children's yoga teacher and accredited with the CMA (Complementary Medical Association). I have been practicing yoga myself for many years and would like to share its benefits with the children and show them how to have fun through various poses, mindfulness and games.

I will provide mats for the children and they will be sanitised before and after class, alternatively children can bring their own mats. Please ensure they have comfortable clothes to change into for the class and bare feet (no skirts or jeans). Hair must be off the face and jewellery removed.

I will be running two after school clubs at CRJS;

**Years 5&6**

Monday 10<sup>th</sup> Jan – 21<sup>st</sup> Mar (no session 14<sup>th</sup> Feb- half term)

Time: 3.15-4.15pm

**Years 3&4**

Thursday 13<sup>th</sup> Jan – 24<sup>th</sup> Mar (no sessions on 17<sup>th</sup> Feb-half term)

Time: 3.15-4.15pm

**The fees for this term will be £50 (10 weeks at £5.00).**

**Please E-mail me to confirm your child's place as I have maximum of 12 places for each class and then complete the form below.**

**Payment can be made by Bank transfer or cash.**

Account Name – Kalpna Mistry

Sort Code: 07-02-46

Account: 4132 2597

**\*Please Note\* if you are paying by bank transfer please put "CRI" plus child's name as reference. Please send cash payments with your child on the first session of term.**

**If there is cancellation of a session due to unforeseen circumstances, credit will be carried over to the following term. A refund will only be processed if the child no longer continues the following term.**

.....  
Crawley Ridge Junior School

Jan-Mar 2022

YANA Children's Yoga

Please circle: Year 3&4 or Year 5&6

Child's Name..... Child's D.O.B.....

Home Address.....

Mobile Number/Emergency Contact..... E-mail Address.....

Payment method (please circle) - Bank transfer or Cash

Known Medical Conditions/ Allergies:.....

Parent/ Guardian Name..... Signed.....