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# City of Long Beach

Acting City Manager  
 John A. Mirando



Assistant Superintendent  
 of Parks and Recreation  
 Paul Ferrante

## Parks & Recreation Department



# LITTLE YOGIS PRE – K, KINDERGARTEN, 1<sup>ST</sup> & 2<sup>ND</sup> GRADE



**Class description:** A beginner yoga class aimed at introducing yoga to young ones. We unite mind + body by using our imaginations to go on adventures to various places and acting out the poses for the animals and things we encounter. Songs, stories, games, and breathing activities are included.  
 \*Please bring a yoga mat for your child and dress them in clothes good for bending and stretching\*

**About the Instructor:** Kristen Petliski fell in love with yoga over sixteen years ago and has committed her life to sharing these teachings. After years of mainly teaching adults, becoming a mother opened her up to the beauty of sharing these teachings with kids! She loves to take the principles of yoga and mindfulness and translate them in a fun and creative way that kids can really relate to. The class will incorporate breath work, movement, games and mindfulness allowing kids to have fun, cultivate focus, and gain tools to bring with them off their mat!

**Tuesdays 4:30 p.m. – 5:30 p.m.**  
**Class is limited to the first 12 participants**

### Schedule of Classes:

*This class will be held at the Long Beach Senior Center – 2<sup>nd</sup> Floor*

	January	February	March
Tuesday	28	4 – 11 – 25	3 – 10 – 17 – 24

**Registration:** Long Beach Recreation Center  
 700 Magnolia Blvd.  
 (516) 431-3890

**Fee:** \$70 fee for the eight (8) sessions of yoga  
 Make checks payable to City of Long Beach.  
 Cash, Visa or MasterCard also accepted.

2020 Winter Little Yogis \*\*Put Telephone # on check

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT NAME \_\_\_\_\_

I understand that payment is non-transferable and non-refundable. Parent Signature \_\_\_\_\_

**For Rec Use Only:**

Receipt # \_\_\_\_\_ Amt Pd. \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_