

RELAXATION TECHNIQUES FOR STUDENTS

“AN AFTER SCHOOL PROGRAM”

Workshops are being provided to help kids deal with their everyday stresses. Open to all _____ at _____. Parent/Guardian is welcome and encouraged to attend. A ratio of 1 parent to 5 students is required.

Prior students have stated the following about the program:

- ✓ “It helped me to relax after my day.”
- ✓ “We learned a lot of techniques.”
- ✓ “It was fun and relaxing.”
- ✓ “I liked learning the techniques because they helped me get less stressed out.”

Relaxation techniques will be taught by a trained professional:

Wendi Hermsen has a passion for sharing her gifts and knowledge, gained from various forms of holistic education and self-growth, as well as working with children in the past. By participating in various stress reducing and relaxation techniques taught by Wendi, your child may gain a greater sense of self and inner peace, and draw on skills to reach for calm during stressful situations. “I have a passion for working with children and look forward to meeting you and your child.”

When:

Where:

Time: (snacks provided before? Etc.)

Fee: Free or the amount you are charging per student (*and who is sponsoring the program*)

Permission slips must be returned to (*your child’s teacher or the school office*) by _____ . This will serve as your RSVP so we know how many kids to plan for.

For questions or concerns, please contact _____ (you can fill in my name if you want Wendi Hermsen at [920-540-4114](tel:920-540-4114)) or _____.

Thank you!

(Detach and return to your child’s school office by _____)

My child _____ (*age/grade, etc.?*) _____ is coming to Relaxation Techniques for Students an “After School Program” on (*list the dates here*).

I, _____ as parent, will also be attending. If the class is rescheduled due to inclement weather, I can be reached at: _____ .
(telephone number)

(Please let us know of any special conditions like health concerns, etc. that we should be aware of.)