



Stress Busters

for Kids & Young Teens (ages 6-13)

25901 Emery Road, Suite #112
Warrensville Heights, OH 44128
216-765-4470
www.insight-wellness.com

Who: All kids who would like to learn how to DE-STRESS & have FUN!
What: Group lessons to promote confidence & resilience, lower anxiety, build social skills & leadership abilities and learn ways to respond & handle bullies.
When: Saturdays 1:30 - 3:30pm -- starts Oct. 13. We meet 2 times each month thru May 2013
Where: Insight Learning & Wellness Center - Multipurpose Room Suite 112

Camp Insight's slogan: "Building Strong, Healthy Kids & a More Peaceful World"

Our stress-reducing lessons are meant to empower children and young teens toward a healthier life. Classes will include activities in the following: art, yoga, mindfulness, nutrition, affirmations, Emotional Freedom Technique (EFT=energy exercises to calm & clear negative emotions) & positive psychology and nature activities. We will also explore crystals, aromatherapy, drumming and healthy cooking; plus receive a "Oneness Blessing" within our small, friendly group. Limited class size, so register now!

Registration: 16 2-hour classes -- \$640 (if paid by 9/30...Fee after Oct. 1 = \$655)

Minimum of 8 & Maximum of 16 students.

Bonus: Each class includes all supplies & a *healthy snack*

Dates: Oct. 13, 27; Nov. 3, 17; Dec. 1, 15; Jan. 5, 19; Feb. 2, 16; March 2, 16; April 6, 20; May 4, 18

Questions: Call Michelle Martin, ED.S. School Psychologist and Insight Director at **216-765-4470**



Return registration form no later than October 1.

Insight's Stress Buster's Registration

Child's Name: _____

Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Grade: _____ School: _____

Parent's Names: _____

Mother's Phone: _____ Father's Phone: _____

How did you hear about this class? _____ Diagnosis: _____

Social/Behavioral concerns _____

Parental Goals: _____

Hobbies/interests _____

Check Enclosed (Payable To: Insight Learning & Wellness)

CC: VISA MC AMEX

Card #: _____ Exp. Date: Mo _____ Yr _____

Billing Address Same as Above Different Billing Address: _____

Signature: _____ Date: _____