

VISIONCIRCLES with Sue Stepick

Friday - Sunday, April 30, May 1 - 2, 2010

at The Kinesiology Connection

781-674-0044 • fax 781-674-3156 • email: kinesconn@aol.com

WHAT ARE VISIONCIRCLES?

Visioncircles offers us an opportunity to discover the incredible world which awaits us as we open to our full sensory awareness. The 24-hour course is an exploration of eight areas, or circles, of perceptual intelligence. Taken together, the circles help us to access and develop active vision.

In each three-hour circle, the Edu-K five-step educational process is used to balance for a personal vision goal. Experience how sight is expanded and enhanced by our other senses! The learning menu includes 34 new Vision Gym™ activities and Brain Gym®, as well as art, movement and play experiences.*

Here is a sampling of the skills that will be addressed through the eight circles:

- Self-observation
- Peripheral vision
- Sound & sight
- Eye-hand coordination
- Visual memory
- Depth perception
- Distance vision
- Movement mapping
- Pattern-sensing
- Rhythm and seeing
- Centralized focus
- Active communication
- Images, feelings and inner vision
- Sight, gravity & whole body movement

When: Friday, April 30 • 8:30am - 4:30 and 6:30pm - 8:30pm

Saturday and Sunday, May 1 • 8:30am - 5pm

Where: The Kinesiology Connection • 594 Marrett Road #20, Lexington, MA 02421

Fee: \$375 per student. Early reg.: \$350 by March 19. Reviewers: \$200 plus manual

Prerequisite: Brain Gym® 101

A \$100 non-refundable deposit is required for registration.

Payment may be made by check (to The Kinesiology Connection), Visa or Mastercard.

ABOUT THE INSTRUCTOR

In addition to the Visioncircles course, *Sue Stepick, M.Ed.*, teaches Brain Gym® 101, Movement Dynamics and Optimal Brain Organization. She has more than 30 years' experience as an educator and consultant for Early Childhood Educator programs.

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### Registration for Visioncircles, April 30, May 1-2, 2010

Send this form via mail or fax (781-674-3156) to:

The Kinesiology Connection, 594 Marrett Road #20, Lexington, MA 02421

Payment method (please circle): Check                      MC/VISA                      Amount Enclosed \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE (h) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

CITY / STATE / ZIP CODE \_\_\_\_\_

Credit Card Information: Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_I have completed Brain Gym® 101. \_\_\_Please send me housing information. \_\_\_I would like a roommate.