



Southwest Vipassana Association

Fax: 1-972-346-8020 • Email: Childrens-Course@siri.dhamma.org • Tel: 1-972-962-8858
www.siri.dhamma.org/childrenscourseinfo.shtml • P.O. Box 190248 Dallas, TX 75219 USA

Dear Friend,

We are happy to invite you to a 1-day children's meditation course to be held at the Southwest Vipassana Meditation Center. The course will begin at 9:45 a.m. and will finish at 5:00 p.m. The course is open to all children who are between 8 and 14 years old.

At the course you will learn how to practice Anapana meditation - awareness of the breath - along with the five "promises" or precepts. There will be meditation periods of up to 30 minutes at a time, stories and discussions, as well as art, outdoor activities, lunch and snacks. The course is lots of fun for everyone, and you are sure to make some new friends.

Young people who have started practicing Anapana meditation have shared with us that they are able to concentrate better, their memory gets sharper, they don't get angry or sad as easily, they sleep better, and they become calmer. In general, they feel that Anapana is a good tool to help them face any problem or challenge that comes their way.

If you would like to come, you will need to read the Code of Conduct and the Sample Schedule included in this packet. You will then need to fill out an Application Form.

For your parents, please ask them to read the Parent/Guardian Information Sheet, and to fill out the Permission Form, the Identification Form, and the Medical Emergency Form. They should then send these forms along with the Application Form that you have filled out yourself to the fax, email or address above.

When your application has been approved, we will send you an Acceptance Letter. This letter will include a list of what to bring, as well as directions to the course location.

Please share this information with any of your friends or family members who might also be interested in the course.

If you have any questions or would like extra copies of this information, please contact us. We hope to see you at the course!

With best wishes,

The Children's Course Organizers



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Children's Course – Code of Conduct

Learning to practice Anapana meditation is very valuable because it helps you to become a better person. Practicing Anapana meditation will help you to train your mind to become concentrated and calm. This will make your mind strong so that you will be able to avoid doing or saying things that are hurtful or harmful to yourself and to others. This strength of mind will help you to feel happier and more peaceful. Practicing Anapana and learning to concentrate will help you to become the master of your mind.

To help you succeed in practicing Anapana meditation it is important that you do your best to follow the instructions that you will be given during the course. While you are at the course, it is also important that you agree to follow the Code of Conduct written below. In the same way that a house needs a good foundation to support it, so the practice of Anapana needs a good foundation. This good foundation for Anapana is built by following the Code of Conduct. It will help you to avoid performing actions that are harmful or hurtful to yourself and others.

During the first meditation session at the course you will be asked to repeat the following five vows or precepts. These are written in bold and underneath each is an explanation. Please read them carefully so that you will understand what you are saying when the time comes:

1) I shall abstain from killing.

I promise to try to treat all beings kindly and not kill them or harm them in any way.

2) I shall abstain from stealing.

I promise to take only what is given to me and not take anything which belongs to others without permission.

3) I shall abstain from a life of misconduct.

I promise to treat other boys and girls as if they were my brothers or sisters or best friends.

4) I shall abstain from speaking lies, harsh words, backbiting, etc. which will harm others.

I promise to speak truthfully, kindly and gently, and not to tell lies or to say hurtful things to anybody or about anybody.

5) I shall abstain from taking any intoxicant.

I promise not to take any alcohol, drugs or intoxicants, but to keep my mind clear.

At the bottom of your application form, when you sign your name, it means that you agree to try and follow this Code of Conduct as best you can while at the course.



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Children's Meditation Course Schedule

9:45	Registration
10:15	Orientation with Group Leaders
10:30	Anapana & the 5 Promises
11:30	Lunch & Play
12:15	Meditation Session 1
12:45	Story & Discussion
1:00	Art Activity
1:45	Meditation Session 2
2:15	Small Groups
2:30	Snack & Play
3:15	Meditation Session 3
3:45	Story & Questions
4:15	Metta practice
4:45	Writing Activity
5:00	Course Ends



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Parent or Guardian Information Sheet

The children's 1-day course offers children between the ages **8 and 14 years old** an introduction to Anapana meditation, which is a practice of the observation of natural breath to concentrate the mind. They will learn to practice Anapana and begin to take their first steps on the path of Dhamma. The entire path of Dhamma, rediscovered and taught by Gotama the Buddha more than 2500 years ago, is a universal remedy for universal problems and has nothing to do with any organized religion or sectarian tradition. For this reason, it can be practiced freely by all, in any place, at any time. Its practice does not conflict with any race, community or religion and will prove equally beneficial to one and all.

Children who have started practicing Anapana have realized many benefits. Their ability to concentrate becomes enhanced, their memory gets sharper, their ability to comprehend a subject improves and they become calmer. In general, they feel they have a practical tool to use in the face of any type of adversity or challenge.

During the course, there will be meditation instructions as well as other activities such as games, art, and storytelling. The children will be divided into groups according to their age for many activities. They will be assigned group leaders who will personally accompany and assist them throughout the course, providing support and guidance as needed.

The intent of the children's course is serious. It is not appropriate for children who are too young or otherwise unable to follow directions or to participate in organized, self-modulating activities. It is also not appropriate for children who are unable to understand the meaning or purpose of the daily timetable and Code of Conduct. Segregation of the sexes will be maintained at all times in the accommodations as well as in the meditation hall and during much of the course.

Parents or guardians who are students of Goenkaji or his assistant teachers are welcome to apply to serve at the center and participate in work projects. Since parents or guardians will not be participating in the course, they will follow a separate schedule. They will also be accommodated separately from the children. Only those children who feel comfortable staying in separate accommodations from their parents are encouraged to attend. We ask that parents and affiliated adults refrain from communicating with or contacting their children throughout the course.

Parents or guardians who have not completed a ten-day course with Goenkaji or his assistant teachers are welcome to stay with their children during registration, but should then leave the center until the course is over. There are various options (parks, coffee shops, hotels, etc.) for staying in the local area during the course.

Before applying for the course, please make sure that both you and your child have read and understood the Code of Conduct and Sample Timetable.



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(This page to be filled out by student)

Application for One Day Children's Course

(for ages 8 – 14 years)

Course Dates: From _____ to _____

Location: _____

Student's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Boy: _____ Girl: _____ Age: _____ Birthdate: (month/day/year): _____ School Grade: _____

Parent/Guardian Name: _____ Telephone: _____

Do you speak English well? _____

Have you been to a Children's Course before? Yes No How Many? _____

If yes, where and when was your last one? _____

Do you want to learn to meditate? Yes No

Why?

Do you ever meditate at home? _____

Who told you about this course? _____

Do you want to come to this course? Yes No

Why are you coming to this course?

Please write a little bit about yourself and what you like to do:

Have you read:

the Sample Timetable? Yes No

the Code of Conduct? Yes No

Do you agree to try to follow the Code of Conduct while you are at the meditation course?

Yes No

Student's signature: _____ **Date:** _____



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(This page to be filled out by parent/guardian.)

Parent/Guardian Permission for Children's Course

Course Dates: From _____ to _____

Name of Parent or Guardian: _____

Relationship to child: _____

Street Address during the course: _____

Phone # you can be contacted at during the course: _____

Have you completed a ten-day Vipassana course with S.N. Goenka or one of his Assistants Teachers? Yes No

Is there anything we should know about your child that will help him/her to have a successful course (i.e., learning needs, physical or mental health issues, etc.)?

Does your child have any allergies? Yes No

If yes, please give details on medical information form (included in this package).

Is your child presently taking any medications? Yes No

If yes, please give details on medical information form (included in this package).

My child and I have read the children's course materials (Parent/Guardian Information Sheet, Code of Conduct and Sample Timetable).

I give my permission for my child, _____, to attend this course.

Parent/Guardian signature _____ Date _____

I am driving to the course and willing to be contacted by others needing a ride:

Yes No



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Medical Emergency Form and Contact List CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to the Southwest Vipassana Meditation Center to provide all emergency, medical or dental care prescribed by a duly licensed physician (MD) osteopath (DO) or dentist (DDS) for

Child's name

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signed _____ Date _____

Home Phone _____ Cell Phone _____

Mother's Work _____ Work Phone _____
(employer's name)

Father's Work _____ Work Phone _____
(employer's name)

ALLERGIES AND SENSITIVITIES: Does the child have a history of skin or other untoward reactions or sicknesses following injection or oral administration of:

	Circle One	If yes, describe
a) Penicillin or other antibiotics	Yes No	_____
b) Morphine, Codeine, Demerol or other narcotics	Yes No	_____
c) Novacaine or other anesthetics	Yes No	_____
d) Aspirin, Empiricin or other pain remedies	Yes No	_____
e) Sulfa drugs	Yes No	_____
f) Tetanus antitoxin or other serums	Yes No	_____
g) Adhesive tape	Yes No	_____
h) Latex	Yes No	_____
i) Iodine or merthiolate	Yes No	_____
j) Any other drug or medication	Yes No	_____
k) Any foods, such as egg, milk or chocolate	Yes No	_____

DRUGS TAKEN RECENTLY: With the past six (6) months the child has taken: _____

CENTER STAFF: PLEASE KEEP THIS FORM WITH YOU WHEN YOU GO TO THE DOCTOR OR HOSPITAL AND NOTIFY THE PARENTS OR GUARDIANS IMMEDIATELY.



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IDENTIFICATION AND EMERGENCY INFORMATION

To Be Completed by Parent or Guardian

CHILD'S FIRST NAME	LAST	MIDDLE	SEX	TELEPHONE		
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
FATHER'S FIRST NAME	LAST	MIDDLE				WORK TELEPHONE
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE
MOTHER'S FIRST NAME	LAST	MIDDLE				WORK TELEPHONE
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATION

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN & NUMBER	TELEPHONE
DENTIST	ADDRESS	MEDICAL PLAN & NUMBER	TELEPHONE

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

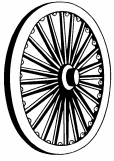
----- CALL EMERGENCY HOSPITAL -----OTHER, EXPLAIN:-----

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)

NAME	RELATIONSHIP

SIGNATURE OF PARENT OR GUARDIAN	DATE
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Release for Use of Photographic Images

Please choose **one** of the options below:

I hereby authorize the Southwest Vipassana Meditation Center and each of its sister non-profit organizations that teach Vipassana meditation as taught by S. N Goenka to use photographic images of _____ (name of child) taken on or about _____ (date of course) for purposes of disseminating information about Vipassana meditation and/or Anapana meditation for children.

I understand that the images will not be used for commercial purposes, nor will they be sold or transferred to any other entity other than those mentioned above.

I understand that these images may be used on flyers, brochures, displays, web pages and other informational media.

Signed: _____ Date: _____
(Parent or Guardian)

---- OR ----

I prefer not to have any pictures of my child used on any flyers, brochures, displays, web pages, or other informational media.

Signed: _____ Date: _____
(Parent or Guardian)