

NINJA KIDS

EARLY CHILDHOOD

MOTOR DEVELOPMENT PROGRAM



Ninja Kids is a fun, exciting and high energy early childhood program that is designed to isolate and develop the 12 large motor skill muscles of the human body. Through creative instruction, demonstration, non-competitive games and acting out age-appropriate stories the children will develop coordination, strength, speed, agility and control of their major muscle groups.



Girls & Boys



Balance & Core Strength
Breakfalls & Rolling
Leaping & Jumping
Climbing & Crawling
Walking & Running
Pivoting, Agility & Speed
Throwing & Catching
Hand-Foot-Eye Coordination
Self Discipline & Control
Quietness & Stillness
Awareness & Decision Making
Hiking/Environmental Awareness

Ninja Kids is a non-aggressive large motor movement program for preschoolers. It does not teach any martial art techniques and there is no combative language used in the class. Ninja Kids is designed to be a very caring, nurturing and safe environment where fun and the joy of movement is the central theme.

Ninja Kids was created and is taught by Dai-Shihan Scott Earley. Dai-Shihan Earley is a fully licensed 15th degree black belt in the martial art Bujinkan Budo Taijutsu. He has been studying martial arts for over 40 years and received his teaching license in 1990. After receiving his license he established the Bujinkan Earley Dojo. He has achieved the title of Dai-Shihan which loosely translated means, "Master Teacher" by Bujinkan Budo Taijutsu Grandmaster Dr. Masaaki Hatsumi.



Possible Japanese Translations
Bujinkan: House of the Divine Warrior
Budo: Way or Path of the Warrior
Taijutsu: Body Technique

*For more information,
please email Dai-Shihan Earley at:
slaearley@gmail.com*



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Spring 2024 Session Registration

Class Schedule

Wednesdays from 12:30pm to 1:15pm (Registration is limited to 10 students)

Fees and Payment

\$150 + \$10 Registration Fee = \$160.00 Total (14 Classes in the Spring 2024 Session)

Payment is accepted through Venmo, Zelle or personal check.

Venmo account is @Scott-Earley-10. **Please check "Friend" NOT "Purchase" for type of payment.**

Zelle account is slaearley@gmail.com

Checks should be made out to Scott Earley.

Registration Forms and all checks please return to Preschool Office.

General Information (please PRINT in CAPITAL letters)

Student Name _____

Parent Name _____

Cell Phone _____ Email Address _____

Parental Consent

I, _____, grant permission for my child, _____, to participate in the Ninja Kids Early Childhood Motor Development classes at The Preschool at All Saints. I have spoken with Scott Earley and/or the Preschool administration regarding any questions or concerns I may have about my child participating in this early childhood after school program. I understand that I may personally attend any and all classes. I further understand that I may contact and speak with Scott Earley and/or the Preschool administration at any time regarding any concerns or questions that I may have regarding this program.

Parent/Guardian Signature _____ Date _____

Liability Waiver

As a parent and/or guardian of a child participating in the Ninja Kids Early Childhood Development classes, I remain legally responsible for all personal decisions and actions taken by my child. I accept full responsibility and liability for any injury, illness, or harm that may occur to my child during his/her participation in this early childhood after school program. I understand the physical risks and the physical difficulties involved in participating in this after school program and I further understand that my child does not have to participate in any activity that I deem unsafe for him/her because of his/her physical limitations, capabilities, or personal beliefs. I agree on behalf of myself, my spouse, our heirs, successors and assigns, to hold legally harmless the Catholic Archdiocese of Atlanta, All Saints Catholic Church, The Preschool at All Saints, Scott Earley and all of their agents or assigns for any injury or illness incurred during my child's participation in this after school program.

Parent/Guardian Signature _____ Date _____