



SOCIAL SKILLS GROUP for children with emerging language skills (ages 4-6)

Exceptional Minds Learning Academy is excited to offer our **Winter 2018 Social Skills Group** program for children ages 4-6 years with emerging language skills.

This is a play-based program that will allow children to develop skills in the areas of social interaction with peers, social communication, and social imagination.

Group size will be kept at a 1:3 ratio of therapist to student. The small group sessions will enable students to interact and learn new skills within a group of appropriately matched peers.

Key outlines to the program include:

- ◆ **Play Skills** (focus on dramatic play such as creating imaginary settings, role playing, and pretend play. Learning to play appropriately with toys/activities)
- ◆ **Language/Communication** (children build language skills through cooperative play with peers. A variety of different activities will be presented that will encourage students to use appropriate communication to practice skills such as turn-taking, sharing, joint-attention and reciprocal play)
- ◆ **Following Group Instruction** (being able to attend and participate in group activities/games)
- ◆ **Peer Play** (learning to interact with other children through joint play and learning to understand concepts such as perspective taking, good-sportsmanship, and problem solving)

This is an 9 -week program, held on Saturday mornings from 9am-11am, starting on **Saturday, January 13, 2018** at **Exceptional Minds Learning Academy** at: **2420 Meadowpine Blvd, Unit 104, Mississauga**

Families will be given take home assignments to ensure that the skills that are taught during each session are practiced and maintained throughout the week.

*Spaces are limited and will be filled on a first come, first serve basis.



For additional information please refer to our website at www.exceptionalminds.ca

2420 Meadowpine Blvd, Unit 104, Mississauga, ON L5N 6S2 ph. (416) 360-5959

SOCIAL SKILLS REGISTRATION FORM

CLIENT INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: M _____ F _____

Diagnosis: _____ Provided by: _____

Medications: _____ Allergies: _____

Use an Epi-Pen: Yes _____ (we require 1 pen)

Health Card No. _____

Special diet: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Consent Statement: I have provided Exceptional Minds Adaptive Learning Services Inc. with all necessary medical information for my child and can be reached at the number(s) listed above. I authorize staff to administer first aid to my child in an emergency as deemed appropriate by the attending physician(s).

Consent Form: I agree that as a participant my child: _____ will participate in a variety of activities. I agree that the choice to participate brings with it the assumptions of those risks and results which are part of these activities. I agree that Exceptional Minds Adaptive Learning Services Inc. shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from my child's participation in these activities.

Name: _____ Date: _____ Signature: _____

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CLIENT INFORMATION

Father's Name: _____ Mother's Name: _____

Address: _____ Address: (if different) _____

Home Phone: _____ Home Phone: (if different) _____

Father's email: _____ Mother's email: _____

Language(s) in the home: _____

Siblings: _____ Others in the home: _____

Behavioural Concerns:

Aggressive to peers _____ Rejected by peers _____
No one seeks him/her out at school _____ Trouble understanding social cues _____
No play dates _____ Classroom behavioural problems _____
No friends at school _____ Teased _____
Socially awkward _____ infrequent play dates (<2/month) _____

Play date quality

Generally harmonious ____ Occasional disagreements ____ Bossy/frequent disagreements ____

Play skills and interests

Knows how to play basic board games _____ Knows how to play at school recess games _____
Knows how to play team sports _____ Knows how to play video/electronic games _____
Wants to have friends _____

Is your child able to have a 2-way conversation with family members/peers? Yes ____ No ____

Is your child in a special class of any kind? Yes ____ No ____

Which games/activities does your child enjoy playing? _____

Additional Comments _____

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Social Skills Program Schedule and Fees

Fee: \$495.00 for Winter Session (*SSAH funding can be used for this service)

Registration Deadline is January 5, 2018

Session Dates:	Jan 13	Jan 20	Jan 27	Feb 3	Feb 10	Feb 17	Feb 24	Mar 3	Mar 10
4-6 years	9:00am - 11:00am	9:00am - 11:00am	9:00am - 11:00 am	9:00am - 11:00 am	9:00am - 11:00 am	9:00am - 11:00 am	9:00am - 11:00 am	9:00am - 11:00 am	9:00am - 11:00 am

LIMITED SPACE AVAILABLE!

Programs are offered once per week on Saturdays. Fees cannot be refunded due to absence or missed sessions. **Payment and registration is due January 5, 2018.** Fees may be claimed under the Children's Activity Tax Credit and/or other funding sources such as Special Services At Home (SSAH).

Cancellation Policy: Program fee is 100% refundable, provided that cancellation is received no later than one week prior to the first session. If cancellations are made less than 1 week prior to the first session, 90% of the program fee is refundable (to cover admin fees).

Late Fees: A late fee of \$10/student for every 15 minutes will apply for late pick up.

Total Amount for Program \$ _____

CASH CHEQUE
 CREDIT CARD Name on Card _____

 Card # _____

 Expiry Date _____ 3-Digit Security Code _____

Name: _____ Date: _____ Signature: _____

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SOCIAL SKILLS REGISTRATION FORM

Parent Information

Social Skills Program Times

Program runs Saturdays only (check schedule for your child's time). Please ensure your child arrives promptly to avoid disruption.

Late Fees

A late fee of \$10/student for every 15 minutes will apply for late pick up.

Items not to Bring

Jewelry, electronic games, cell phones, iPods. If any of these items are brought against our advice and lost or damaged, our agency will **not** be responsible for reimbursement.

Snacks

Exceptional Minds Adaptive Learning Services Inc. is a nut-free environment. If you do bring snacks, please ensure to send in properly stored containers.

Registration

Return completed registration form and payment by **January 5, 2018** by mail or dropped off during business hours to our head office location at: 6685 Millcreek Drive, Unit 1, Mississauga, ON L5N 5M5.

Cheques are payable to: **Exceptional Minds Adaptive Learning Services Inc.** and can be mailed or dropped off to our head office at:

6685 Millcreek Drive, Unit 1, Mississauga, ON L5N 5B5

***Registration in advance is recommended as spaces are limited. Secure your child's space to avoid disappointment.**

For additional information regarding our programs, please visit: www.exceptionalminds.ca