



**SOCIAL SKILLS GROUP**

**Exceptional Minds Learning Academy** is excited to offer our **SPRING 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 participating in a group.

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:**

- ◆ **Language/Communication** (Children build language skills through play with peers. A variety of different activities will be presented that will encourage students to use appropriate communication to practice skills such as requesting items from others, responding to peers, and commenting during activities)
- ◆ **Following Group Instruction** (Being able to attend and participate in group activities/games.)
- ◆ **Peer Play** (Learning to interact with other children through co-operative play and games, and practicing skills such as turn-taking, sharing, joint-attention and playing in a group.)

This is an 10 -week program, held on Saturday mornings from 9am-11am, starting on **Saturday, April 7, 2018** at **Exceptional Minds Learning Academy: 2420 Meadowpine Blvd, Unit 104, Mississauga**

\*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](http://www.exceptionalminds.ca)

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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

Guardian's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: (if different) \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: (if different) \_\_\_\_\_

Guardian's email: \_\_\_\_\_ Guardian's email: \_\_\_\_\_

Language(s) in the home: \_\_\_\_\_

Siblings: \_\_\_\_\_ Others in the home: \_\_\_\_\_

Concerns:

Aggressive to peers \_\_\_\_\_

Rejected by peers \_\_\_\_\_

Initiates interactions with peers \_\_\_\_\_

Trouble understanding social cues \_\_\_\_\_

Makes friends at school \_\_\_\_\_

Classroom behavioural problems \_\_\_\_\_

Infrequent play dates (<2/month) \_\_\_\_\_

Teased \_\_\_\_\_

Play date quality

Generally harmonious \_\_\_\_ Occasional disagreements \_\_\_\_ Bossy/frequent disagreements \_\_\_\_

Interests and skills

Favourite toys/games \_\_\_\_\_

Dislikes \_\_\_\_\_

Communication (1 word sentences, 3 word sentences, PECS, etc.) \_\_\_\_\_

\_\_\_\_\_

Is your child able to answer open-ended questions? Yes \_\_\_\_ No \_\_\_\_

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

What are your main goals for Social Skills? \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

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### Social Skills Program Schedule and Fees

**Fee: \$555.00** for Winter Session (\*SSAH funding can be used for this service)

**Registration Deadline is March 28, 2018**

**LIMITED SPACE AVAILABLE!**

Session Dates:	April 7	April 14	April 21	April 28	May 5	May 12	May 26	June 2	June 9	June 16
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	9:00am - 11:00 am

Programs are offered once per week on Saturdays. Fees cannot be refunded due to absence or missed sessions. **Payment and registration is due March 28, 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 **March 28, 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](http://www.exceptionalminds.ca)