

WINTER 2025 AFTER SCHOOL PROGRAM

Our After-School program helps students with ASD & other exceptionalities develop their conversation and social skills, work on executive functioning skills (organization/planning) and receive general homework support.

Students are grouped with peers with similar skill sets and will learn about different topics each week through discussion and participation in a variety of facilitated games and activities lead by our certified ABA therapists.

11-WEEK WINTER BLOCK:

\$2925.00

Tuesdays & Thursdays from 5-7pm +
a Themed Friday Night Social once a month
from 6-8pm (see schedule for dates)

*ABA-based program, supervised by our Clinical
Supervisor, BCBA, RBA

*Students must be able to participate in group settings.



CONTACT US

6685 Millcreek Drive, Unit 2
Mississauga, Ontario

416-360-5959

www.exceptionalminds.ca
info@exceptionalminds.ca

2025 WINTER PROGRAM SCHEDULE:

Weeks	Dates
Week 1	January 7 & 9
Week 2	January 14 & 16
Week 3	January 21 & 23 + Friday Social Event on Jan. 24 (Games Night)
Week 4	January 28 & 30
Week 5	February 4 & 6
Week 6	February 11 & 13
Week 7	February 18 & 20 + Friday Social Event on Feb. 21 (Circus Night)
Week 8	February 25 & 27
Week 9	March 4 & 6
Week 10	March 18 & 20 + Friday Social Event on Mar. 21 (Movie Night)
Week 11	March 25 & 27

***No sessions during March Break week (March 10-14, 2025)**

PROGRAM INFORMATION

Program Schedule:

Our After School program runs on Tuesday's and Thursday's from 5-7pm and Social Event Fridays are offered once per month from 6-8pm. (Pizza dinner will be served on Friday Social Nights)

Drop-off and pick-up is at: 6685 Millcreek Drive, Unit 2, Mississauga.

Late Fees:

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

Items to Bring:

Students should bring a peanut-free snack, water bottle, and any necessary medications (please give any medications to your son/daughter's Instructor, along with instructions upon arrival).

*Please make sure to label all personal items.

Registration:

1. Fill out registration form and send completed registration forms to:
sandra@exceptionalminds.ca
2. Submit payment by e-transfer to: accountingservices@exceptionalminds.ca
(indicate 2025 Winter After School Program + student's name in the memo field)
or provide credit card payment information on registration form

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

If your child will be late or absent for any sessions, please notify us by email to: scheduling@exceptionalminds.ca or call: 416-360-5959.

***Fees cannot be reduced or refunded due to late arrivals, early departures, absences or missed sessions.**

STUDENT INTAKE 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: _____

Parent/Guardian(s) Information

Father's Name: _____ Father's Cell: _____

Father's email: _____

Address: _____

Mother's Name: _____ Mother's Cell: _____

Mother's email: _____

Address (if different): _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Language(s) spoken in the home:

1. _____ 2. _____

Sibling's Name(s) and DOB(s):

1. _____

2. _____

Funding

Funding sources (check all that apply):

- Access OAP – Please provide Student’s Access OAP #: _____
- Special Services at Home funding
- Passport funding
- Private
- Other (please specify) _____

Supports and Services (if applicable)

School and/or other placements:

Student's Background Information

Quality of social interactions with peers:

Generally harmonious Occasional disagreements Bossy/frequent disagreements

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

Skills and interests (check all that apply):

Knows how to play basic board games Wants to have friends
Knows how to play team sports Knows how to play video/electronic games

Which games/activities does your son/daughter enjoy playing?

Behavioural Information

Is your son/daughter able to work independently in small group settings? Yes No

Has your son/daughter had any behavioural challenges in the last 90 days? Yes No

If yes, please explain/describe:

Are there any known environmental triggers that cause your son/daughters behaviors? (i.e. loud noises, dark rooms, bright lights...etc.)

Student/Family goals to address:

1. _____
2. _____
3. _____

2025 WINTER AFTER SCHOOL PROGRAM

Student's Name: _____

Consent and Liability Waiver Form:

I give consent for my son/daughter to participate in various activities during scheduled sessions with Exceptional Minds Adaptive Learning Services. I agree that the choice to participate in these activities brings with it the assumptions of those risks and results, which are part of these activities. I agree that Exceptional Minds Adaptive Learning Services shall not be liable for any injury to my son/daughter, loss and/or damage to my son/daughter's personal property arising from my son/daughter's participation in these activities.

Medical Consent Statement:

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

Parent's Name: _____ Date: _____

Parent's Signature: _____

Policy

- Cancellation Policy: Fees are non-refundable if less than 7 days notice is given.
- Late Fees: A late fee of \$10/student for every 15 minutes will apply for late pick up.
- Fees cannot be reduced or refunded due to late arrivals, early departures, absences or missed sessions.
- Fees include cost of all materials, including the Friday Social events
- Students who exhibit inappropriate language and/or behaviors or require 1:1 support will not be permitted to stay in the program – please inquire about our 1:1 ABA services.

*Regular attendance is required to achieve maximum progress.

Payment

Payment can be made by e-transfer or cc. Please select payment type:

E-TRANSFER to: accountingservices@exceptionalminds.ca

CREDIT CARD

Name on Card _____

Card # _____

Expiry Date _____ 3-Digit Security Code _____

Name: _____ Date: _____

Signature: _____