

A B A - B A S E D

# 2025 FALL AFTER SCHOOL PROGRAM

14- WEEK PROGRAM  
STARTING SEPTEMBER 16<sup>TH</sup>  
TUESDAY & THURSDAYS  
5-7 PM



+ 4  
FRIDAY NIGHT  
SOCIAL EVENTS  
FROM  
6-8 PM

## LIFE SKILLS

- ✔ Meal Preparation
- ✔ Managing Emotions
- ✔ Digital Safety
- ✔ Money & Shopping
- ✔ Self Care & Wellness

## SOCIAL SKILLS

- ✔ Good sportsmanship
- ✔ Friendship making
- ✔ Collaborating with peers
- ✔ Conflict Resolution

## ACADEMICS

- ✔ STEM activities
- ✔ Reading Comprehension
- ✔ Math Fluency
- ✔ Organization & Time management



6685 Millcreek Drive, Unit 2  
Mississauga, Ontario  
[www.exceptionalminds.ca](http://www.exceptionalminds.ca)  
416-360-5959

\*To ensure a supportive and successful experience for all, participants should be able to:

- Follow directions in a group setting
- Take part in group activities without the need for 1:1 support

**PROGRAM FEE:**  
**\$3525.00**

Our ABA-based program is supervised by our Clinical Supervisor (BCBA, RBA). Each student will join a small group with peers of similar age and skill level, making learning comfortable and supportive.

## 2025 FALL PROGRAM SCHEDULE:

Weeks	Dates
Week 1	September 16 & 18
Week 2	September 23 & 25
Week 3	September 30 & October 2 + Oct 3 (Friday Social Event 6-8pm)
Week 4	October 7 & 9
Week 5	October 14 & 16
Week 6	October 21 & 23 + Oct 24 (Friday Social Event 6-8pm)
Week 7	October 28 & 30
Week 8	November 4 & 6
Week 9	November 11 & 13
Week 10	November 18 & 20 + Nov 21 (Friday Social Event 6-8pm)
Week 11	November 25 & 27
Week 12	December 2 & 4
Week 13	December 9 & 11
Week 14	December 16 & 18 + Dec 19 (Friday Social Event 6-8pm)

## 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)

Special diet: \_\_\_\_\_

## Parent/Guardian(s) Information

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Father'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:

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## Student's Background Information

Group Participation:

Can your son/daughter follow directions in a small group setting?

☐ Yes ☐ Sometimes ☐ No

Can your son/daughter take part in group activities without requiring one-to-one support?

☐ Yes ☐ Sometimes ☐ No

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?

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**Daily Living Skills:**

- Preparing simple meals or snacks: ☐ Yes ☐ Sometimes ☐ No
- Using kitchen tools safely (knife, stove, microwave): ☐ Yes ☐ Sometimes ☐ No
- Cleaning up after cooking: ☐ Yes ☐ Sometimes ☐ No
- Making their bed or keeping personal space tidy: ☐ Yes ☐ Sometimes ☐ No
- Sorting laundry, folding clothes: ☐ Yes ☐ Sometimes ☐ No
- Basic household chores (sweeping, wiping surfaces, putting away items): ☐ Yes ☐ Sometimes ☐ No

**Money & Shopping Skills:**

- Handling money or using a debit/credit card: ☐ Yes ☐ Sometimes ☐ No
- Shopping with a list and following simple instructions: ☐ Yes ☐ Sometimes ☐ No

**Self-Care & Personal Hygiene:**

- Independent hygiene routines (brushing teeth, washing hands, showering):  
☐ Yes ☐ Sometimes ☐ No
- Dressing independently: ☐ Yes ☐ Sometimes ☐ No

**Communication & Social Skills:**

- Does your son/daughter require support communicating or expressing needs?  
☐ Yes ☐ Sometimes ☐ No
- How comfortable is your son/daughter interacting with peers in a small group?  
☐ Very comfortable ☐ Somewhat comfortable ☐ Needs support

**Behavior & Support Needs:**

How does your son/daughter typically respond to changes in routine or schedule?

- ☐ Easily adapts ☐ Sometimes struggles ☐ Needs significant support

Are there specific strategies, cues, or supports that help your son/daughter succeed in group settings?

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Are there behaviors we should be aware of that may require extra support?

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## 2025 FALL 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

- 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
- Late Fees: A late fee of \$10/student for every 15 minutes will apply for late pick up.
- 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](mailto:accountingservices@exceptionalminds.ca)

☐ CREDIT CARD

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## 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 Events)

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

### 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 Fall 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 son/daughter's space to avoid disappointment.

If your son/daughter will be late or absent for any sessions, please notify us by email to:

[scheduling@exceptionalminds.ca](mailto:scheduling@exceptionalminds.ca) or call: 416-360-5959.

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