

## WHO IS THE PROGRAM DESIGNED TO SERVE?

Children and adolescents aged 11-16 who are learning disabled or have attention deficit disorder and who may:

- avoid social contact;
- behave immaturely;
- be shy, or timid in groups;
- experience conflict with peers;
- need help building friendships.

## PROGRAM DATES AND TIMES 2011/2012

### Fall 2011 Sessions

October 1 (Intro Pizza Party)  
October 15 (Games Day)  
October 29 (Halloween Party)  
November 12 (Bowling)  
November 26 (Scavenger Hunt)  
December 10 (Crafts)

### Winter 2012 Sessions

January 14 (Skating)  
January 28 (Tobogganing)  
February 11 (To be determined)  
February 25 (To be determined)  
March 24 (To be determined)

### Spring 2012 Sessions

April 14 (To be determined)  
April 28 (Mini-golfing)  
May 12 (To be determined)  
May 26 (To be determined)  
June 16 (Party at Professor's lake)

Some events take place off-site and participants are responsible for transportation to and from locations. Dates and activities/events are subject to change.

Please Complete the Registration Form  
on the Reverse Side

# Youth Group



**Idanp • Learning Disabilities  
Association of North Peel**

*The right to learn, the power to achieve*

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LDANP is a United Way of Peel Region  
funded agency



**United Way  
of Peel Region**

## WHAT IS THE YOUTH GROUP?

There is a growing awareness that children and adolescents with learning disabilities and attention deficit disorders often have social/communication deficits.

Social learning is not a subject that is consciously taught. For the most part, the ability to understand social interaction, read facial expressions, perceive and express emotions, control impulsivity, and interpret language's more subtle meaning are acquired intuitively.

Some learning disabled students need to practice these skills with guidance in a supportive environment. Socially inappropriate behaviours, lack of self-esteem and self-confidence can add to the feelings of alienation and loneliness.

We offer this program for 11 to 16 year olds to help them develop the skills they need to build relationships and become accepted by their peers. We provide a relaxed and fun environment for them to build friendships and strengthen their social skills with other youths with learning disabilities.

Events are held every other Saturday, both on-site and off-site to provide a range of activities selected to be fun while encouraging social skill development.

### PROGRAM GOALS

- Encourage friendship making;
- Aid in correcting and preventing social behaviour problems;
- Develop self-awareness;
- Create a relaxed and nurturing environment which encourages the development of positive interpersonal relationships

# YOUTH GROUP REGISTRATION FORM

Please print clearly

**Fees:** \$20 per school year for registration  
\$2 to \$10 per event (depending on the cost of the activity)

**Date:** \_\_\_\_\_

**Participant Name:**

\_\_\_\_\_

**Age:** \_\_\_\_\_  M  F

**Date of Birth (DD/MM/YY):** \_\_\_\_\_

**Parent/Guardian Name:**

\_\_\_\_\_

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

\_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Are you a member?**  Yes  No

**Do you wish to become a member?**  Yes  No

*If yes, please add \$50 to your payment to cover the annual membership fee.*

**Payment Enclosed:** \$ \_\_\_\_\_

*We accept payment by cash, cheque or credit card; contact us for details. Make your cheque payable to:  
**Learning Disabilities Association of North Peel***

**\$25 service charge will be levied on NSF cheques**

**PROGRAM FEES ARE NON-REFUNDABLE/  
NON-TRANSFERRABLE**

## MEDICAL INFORMATION AND CONSENT

**Health Card #** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Telephone:** \_\_\_\_\_

**Allergies/Problems we should be aware of:**

\_\_\_\_\_

\_\_\_\_\_

Does the participant require any medications (must be able to take on their own):

\_\_\_\_\_

Please indicate the area or learning disability and/or diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize the following individual(s) to escort my child:

**Name** **Telephone #**

1. \_\_\_\_\_

2. \_\_\_\_\_

In an emergency, please notify:

**Name** **Telephone #**

1. \_\_\_\_\_

2. \_\_\_\_\_

I acknowledge that the participants must be picked up promptly at the end of each session. Failure to comply will result in a financial penalty of **\$1.00/minute** late, and may result in expulsion from the program and forfeiture of fees. I acknowledge that the enclosed information is correct.

\_\_\_\_\_

Parent/Guardian Signature

Date

## PROGRAM NEEDS AND EXPECTATIONS

*Please use the following spaces to describe the behaviours exhibited by your child at home and at school. This will help us determine eligibility and assist with programming.*

*(Feel free to write any additional information on extra paper if you need more space.)*

Please indicate the area or learning disability and/or diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the social behaviours exhibited by your child at home.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the social behaviours exhibited by your child at school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*At the end of the program you will receive a questionnaire. Please take the time to evaluate the session as it is important to the quality and effectiveness of the program.*