

Summer Social Skills Groups July 12 – August 12, 2010

The Gloucester County Special Services School District will be offering Summer Social Skills Training Groups for children with Asperger's Syndrome ages 4 to 12 years.

- Sessions will be scheduled over a 5-week period of time beginning **Monday, July 12 through Thursday, August 12, 2010.**
- Sessions are held Monday through Thursday from 9 a.m. to 3 p.m., with limited early evening appointments available.
- Sessions will be delivered by trained, experienced and licensed GCSSSD staff.
- Sessions will be scheduled for 60 minutes (1 hour per week for 5 weeks).
- For consistency, children are encouraged to attend all 5 sessions.
- Location of service will be the Family Center, Bankbridge Development Center, 550 Salina Road, Sewell, NJ 08080.
- There will not be a waiting area - drop off only.
- Tuition is **FREE** for Gloucester County Residents. Children residing outside of Gloucester County will be accepted based on seat availability at the deadline. All applications received after the deadline will be placed on a waiting list and children will be admitted on a seat available basis.
- ****Children ages 13 to 16 may apply. However, the teen group may be cancelled without a sufficient number of registrants.****
- Registrations will be accepted until **June 15, 2010.** Please complete and mail or fax the form below to:

Mary C. Hilley, Supervisor of Related Services
Gloucester County Special Services School District
Center for Regional Education Support Services
550 Salina Road
Sewell, NJ 08080
FAX (856) 415-7605

MCH/js - 05/17/10

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PLEASE COMPLETE AND RETURN THIS FORM BY JUNE 15, 2010

CHILD'S NAME: _____ DATE OF BIRTH: _____ AGE: _____
PARENT'S NAME: _____ STREET ADDRESS: _____
HOME PHONE NUMBER: _____ CITY, STATE, ZIP: _____
CELL PHONE NUMBER: _____ SCHOOL DISTRICT: _____
E-MAIL ADDRESS: _____ SCHOOL: _____

Place a 1 in the box for your first choice and a 2 in the box for your second choice.

DAY(S) PREFERRED: MON TUES WED THURS NO PREFERENCE

TIME PREFERRED: A.M. (9:00-12:00) P.M. (12:30-3:30) EVENING (4:00-6:00) NO PREFERENCE

BRIEFLY DESCRIBE YOUR CHILD'S NEEDS: _____

