



LUMBERTON RECREATION

Social Skills Program

Children ages 5 - 9

FEE: \$270.00 per child

Program will be held once per week for 6 weeks starting on June 23rd and ending on July 30th. There will be 4 different groups for you to choose from.

- Group 1: Tuesdays 10:30 – 12:00 (ages 5 - 7)
- Group 2: Tuesdays 12:30 – 2:00 (ages 7 - 9)
- Group 3: Thursdays 10:30 – 12:00 (ages 5 - 7)
- Group 4: Thursdays 12:30 – 2:00 (ages 5 - 7)

This program focuses on building social skills by direct instruction, modeling and pragmatic play experiences. Sessions will involve cooperative games, sports, pretend play themes and a variety of skills in communication and play. Children will increase their social relations with social role models who will be introduced during the session. Linda Palmer, School Counselor will be socializing the children with help from Special Education Teacher, Jon Hoffman. A maximum enrollment is required. Space is limited.

Please circle your Group preference:

- Group 1: Tues 10:30 – 12:00 Group 3: Thurs 10:30 – 12:00
- Group 2: Tues 12:30 – 2:00 Group 4: Thurs 12:30 – 2:00

Please drop off or mail to: Lumberton Township Recreation,
35 Municipal Drive, Lumberton, NJ 08048

Participant's Name _____
 Parent/Guardian Name _____ Email: _____
 Complete Address: _____
 Date of Birth: _____ Age: _____
 Home Telephone # _____ Work # _____
 Participant's Physician _____ Tel. # _____
 Emergency Contact: Name/Phone _____
 Please list any physical or handicap restrictions related to the above participant.

PLEASE READ/SIGN I, _____, am registering to participate in all activities of the above registered program. In case of emergency, I authorize the program's assigned personnel to administer first aid treatment, transport me to the NEAREST hospital if necessary, and notify emergency contact as quickly as possible. In the event of an emergency due to accidents beyond their control, I hereby release Lumberton Department of Recreation, its supervisors, employees, sponsors and program volunteers, from all liability.

Signature _____ Date _____

Date Paid _____ Rec'd By _____ Check# _____ Amt\$ _____
