



September 2016

Dear Families:

Variety Child Learning Center's (VCLC) Saturday Enrichment Programs, Sparkling Artists, Movement with Misha and Social Skills, will begin on Saturday, September 17, 2016. The ten session Fall program will take place on the following Saturdays:

September 17, 24  
October 15, 22, 29  
November 5, 19  
December 3, 10, 17

Flyers for each of the programs are attached. There is one application for all three programs. Registration and payment in full are due by September 13, 2016. There is no refund after the first session and a \$25 cancellation processing fee will apply. If you need a letter for insurance purposes, please notify me as soon as possible.

Please contact me if you have questions or need additional information: 516-921-7171, Ext. 2179 or [ahamel@vclc.org](mailto:ahamel@vclc.org).

Sincerely,

Angela Hamel, LCSW  
Social Skills Coordinator

# Social Skills Training Groups for Children

## Ages 4-16

A curriculum-based program for children with and without disabilities who face social challenges, such as interacting appropriately with others, making and maintaining friendships. Groups are led by professionals with Master's Degrees in education, speech, social work, psychology or other related disciplines.

10— Week Session Fall 2016: 10:00 —11:30 AM

Fee: \$525— Payment in Full by September 13, 2016

September 17, 24

October 15, 22, 29

November 5, 19

December 3, 10, 17

Group size: 8 –10 children grouped by age and level of functioning

Staffing: 1 Leader and 1-2 Teacher Assistants

All programs take place at: VCLC, 47 Humphrey Drive, Syosset, NY

Children must be able to:

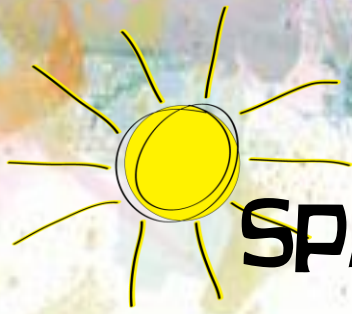
- Participate in a group
- Follow directions
- Communicate

Contact:

Angela Hamel, Social Skills Coordinator

516-921-7171, Ext. 2179 Email: [ahamel@vclc.org](mailto:ahamel@vclc.org)





# SPARKLING ARTISTS



**AN ART PROGRAM THAT ENGAGES YOUNG CHILDREN WITH AND WITHOUT DISABILITIES IN OPEN ENDED PLAY AND HELPS BUILD COGNITIVE, SOCIAL, EMOTIONAL AND SENSORY-MOTOR SKILLS AS WELL AS CREATIVITY, IMAGINATION AND EXPLORATION THROUGH SOCIALIZATION AND LITERACY-BASED GROUP EXPERIENCES.**

**Fall 2016**

**Saturdays: 8:30-10:00 AM**

**or 10:30 AM to 12:00 PM (available only if early session is filled)**

**Dates:**

**September 17, 24**

**October 15, 22, 29**

**November 5, 19**

**December 3, 10, 17**

**10 Sessions**

**Fee: \$350**

**Paid in full by September 13, 2016**

**Group size: 8-10 children ages 4-6**

**Staffing: 1 Art Teacher, 1 Assistant**

**Children must be able to:**

- Participate in a group**
- Follow simple directions**

**Contact Us:**

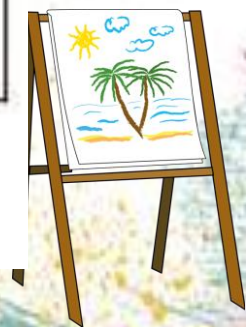
**Angela Hamel or Zachary Freeman**

**Variety Child Learning Center**

**47 Humphrey Dr., Syosset, NY 11791**

**(516) 921-7171**

**ahamel@vclc.org**



# **Movement Therapy for Social Development**

## **Summer 2016**

**Young children will have fun as they move and explore their environment in a small group experience designed to help them develop motor skills, social skills, creativity and their imagination**



**Ages:**  
**3-6 years**

**Fee: \$325**  
**Payment in full by 9/13/16**

**Staffing:**  
**1 Movement Therapist**  
**2 Assistants**

**Schedule:**  
**45 min**  
**9:15 am to 10:00 am**  
**11:30 am to 12:15 pm**

**Dates:**  
**September 17, 24**  
**October 15, 22, 29**  
**November 5, 19**  
**December 3, 10, 17**



**Please contact Misha Merna at Ext. 2389 or [mmerna@vclc.org](mailto:mmerna@vclc.org)**



**Application for Saturday Enrichment Programs—Fall 2016**

Social Skills     
  Sparkling Artists     
  Movement with Misha

<b>Child's Name</b>				<b>Birthdate</b>	
<b>Parent/Guardian Name</b>					
<b>Address</b>					
<b>Phone #s</b>	<b>Home</b>	<b>Work</b>	<b>Cell</b>		
<b>Email</b>					
<b>Emergency Contacts</b>					
	<b>Name</b>				<b>Relationship</b>
	<b>Home #</b>				<b>Cell #</b>
	<b>Name</b>				<b>Relationship</b>
	<b>Home #</b>				<b>Cell #</b>
<b>Allergy Alerts</b>	<input type="checkbox"/> Food –Please Specify:				
	<input type="checkbox"/> Latex				
	<input type="checkbox"/> Lotion				
	<input type="checkbox"/> Other				
<b>Medical Alerts</b>	<input type="checkbox"/> Seizures				
	<input type="checkbox"/> Asthma				
	<input type="checkbox"/> Previous Injuries				
	<input type="checkbox"/> Other—Please Specify:				
<b>School Information</b>	<b>Name of School:</b>				
	<b>Type of Class:</b> <input type="checkbox"/> Grade _____ <input type="checkbox"/> Mainstream Class <input type="checkbox"/> Inclusion Class <input type="checkbox"/> Special Class <input type="checkbox"/> Special Class with a 1-to-1 aide				
Please list activities and/or toys that your child particularly enjoys.					
Are there any situations and/or activities that are particularly difficult for your child?					
Is your child likely to try to leave a classroom or play area? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Toileting Needs</b>	<input type="checkbox"/> Independent		<input type="checkbox"/> Needs Reminding		
	<input type="checkbox"/> Time Trained		<input type="checkbox"/> Diapers/Pull-Ups		
<b>For Social Skills Only:</b>					
1. Expressive Language Abilities (e.g., single words, full sentences)					

**2. Receptive Language Abilities**

**3. What do you see as your child's areas of need?**

**4. Please list specific areas you would like to have the group work on with your child during this session?**

**Please add any information that you would like us to know about your child. Use additional pages if needed.**

**Return to Angela Hamel with payment prior to the start of class. Check should be made payable to Variety Child Learning Center. There is a \$35 fee for returned checks.**

**Please read and initial each statement.**

**\_\_\_ Cancellation Policy: No refunds after the 1<sup>st</sup> session. Missed sessions cancelled by VCLC will be rescheduled. There will be a \$25 cancellation processing fee.**

**\_\_\_ Insurance Reimbursement: VCLC does not accept insurance. Possible reimbursement to you may be available through your insurance company. If requested, VCLC will give you a letter/receipt for your insurance company.**

\_\_\_\_\_  
**Parent/Guardian Signature**

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