

Social/Life Skills Activities

Frequently, children with Tourette Syndrome, Asperger Syndrome and Obsessive Compulsive Disorder have difficulty interacting with their peers. The Joshua Center is offering opportunities for these kids to have fun hands-on activities with kids their own age. Each session will address one social skill objective. Our goal is to help the kids develop self-esteem, improve relationships and foster good communication skills. The groups will be led by staff who have been trained by those with considerable experience in working with children with neurological disorders. All classes include structured, creative activities. Registration required. Groups for different age groups are available. The total fee for each session is \$180.00 (\$30/for each of 6 classes). Registration is required. Call the Joshua Center to register. Session 1 occurs on the 1st and 3rd Saturdays. Session 2 occurs on the 2nd and 3rd Saturdays. Contact the Joshua Center for schedules.

Elementary (grades 1 - 5)

Middle School (grades 6 - 8)

High School (grades 9 - 12)

Joshua Center
816-763-7605

Changing Children's Lives

Social/Life Skills Objectives

- Master social skills such as getting along with others, making friends, handling and expressing frustrations
- Improve self confidence in social situations
- Improve self esteem
- Learn cooperation with peers and adults in goal directed activities
- Develop empathy
- Life Skills classes work on all of the above and prepare for life after high school.

Please register online at Joshua Center website



Social/Life Skills Registration

Fee \$180/session

- | | |
|---|------|
| <input type="checkbox"/> Elementary - 1st and 2nd | \$. |
| <input type="checkbox"/> Elementary - 3rd - 5th | \$. |
| <input type="checkbox"/> Middle School - 6th - 8th | \$. |
| <input type="checkbox"/> High School Life Skills - 9th - 12th | \$. |

Subtotal: _____

Total: _____

Child's Name _____ DOB _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Method of Payment

- Check (payable to Joshua Center)
- American Express
- Visa
- MasterCard

Credit Card # _____ Exp. Date _____

3-digit code on back _____

Signature _____

JOSHUA CHILD AND FAMILY DEVELOPMENT CENTER

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