

A+ Group Services June Intensive Group Sessions

Participant Name

JUNE GROUPS DESCRIPTIONS

All June groups begin the week of June 5th, 2017.

Due to changes being made at the state level, we will contact you near the end of June to tell you what is happening for the rest of summer.

**Please mark the groups you have signed up for and keep this page for your records.
You can choose up to 1 each day. Groups will be assigned based on medical necessity.**

Monday	
Coping Kids (8-12 yr olds) Shipley Monday 9a-12p	Coping Kids is a group to help clients recognize and identify feelings and anxiety signals. Clients learn techniques and alternatives to lower anxiety through fun social activities. Other skills such as communication, assertiveness and relaxation are also rehearsed.
Adventurer Games (6+ yr olds) Shipley Monday 1p-4p	A day of fun with games, games, and more games inside and out. As participants run, jump, dodge, plan, calculate and problem-solve they will be working on friendship, teamwork, cooperation, and earning trust from others.
Pegasus (12+) Pegasus Farms Mondays 3p - 6p	Clients learn how to care for horses, clean stalls, tack (saddle and bridle) horses, ride horses while working on self-esteem, friendship skills, teamwork and communication, and problem solving skills. There are certain restrictions for participation so please contact A+ Services if you have a child that is interested.
Early Childhood (3-5 yr olds) Shipley Monday 5p-7p	This group follows an evidence-based curriculum called "I Can Problem Solve," which was designed to help group members see that there is more than one way to solve a problem, build social skills through guided interactions with peers and will learn to identify and appropriately express their emotions.
Tuesday	
Explorers (5-8 yr olds) Shipley Tuesday 1p-4p	This group follows an evidence-based curriculum called "I Can Problem Solve," which was designed to help children learn to see that there is more than one way to solve a problem, to recognize that all people have feelings, and to understand how behaviors are related to outcomes. Additionally, group members will build social skills through guided interactions with peers and will learn to identify and appropriately express their emotions.
Teen Scene (13-18 yr olds) Shipley Tuesday 5:30p-8p	This group will help teens understand anger, and recognize and identify anger signals. This group will work on how to care about others and learning ways to develop social relationships. Bullying, self-esteem and current topics are discussed. Other skills such as communication, assertiveness and relaxation are also rehearsed. This group is specifically designed for teenagers.
Pegasus (12+) Pegasus Farms Mondays 3p - 6:p	Clients learn how to care for horses, clean stalls, tack (saddle and bridle) horses, ride horses while working on self-esteem, friendship skills, teamwork and communication, and problem solving skills. There are certain restrictions for participation so please contact A+ Services if you have a child that is interested.
Wednesday	
Peaceful Me (8-12 yr olds) Shipley Wednesday 1p-4p	This group, for elementary clients, will help members learn how to recognize when they are getting angry and ways to manage their anger. Problem solving and conflict resolution skills are rehearsed through role plays, discussions and various activities. Other skills such as recognizing appropriate space, communication, assertiveness, and self-control will also be practiced. Participants also will learn how to identify feelings and show empathy to others.
Explorers (5-8 yr olds) Shipley Wednesday 1p-4p	This group follows an evidence-based curriculum called "I Can Problem Solve," which was designed to help children learn to see that there is more than one way to solve a problem, to recognize that all people have feelings, and to understand how behaviors are related to outcomes. Additionally, group members will build social skills through guided interactions with peers and will learn to identify and appropriately express their emotions.
Triple P Shipley Wednesday 1p-4p	The three Ps in 'Triple P' stand for 'Positive Parenting Program' which means your family life is going to be much more enjoyable. Triple P is a parenting program, but it doesn't tell you how to be a parent. It's more like a toolbox of ideas. You choose the strategies you need. You choose the way you want to use them. It's all about making Triple P work for you.

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Thursday

Express Yourself! (6-18) Shipley Tuesday 9a-12p	For the artiest and craftiest child, dedicated to their creative imaginings. Artists will work on a variety of projects all summer, some quick and ready to take home that day, others long, requiring a couple of weeks to create the masterpiece it is destined to be. Our artists will focus on building their self-esteem, positive attitudes, and friendship skills.
G.I.R.L.S. (10-14) Shipley Friday 9a – 12p	Girls In Real Life Situations (G.I.R.L.S.) is designed to give girls an opportunity to feel empowered, gain self-awareness, develop positive coping skills, improve problem-solving skills, feel connected with other girls, understand that they are not alone, and learn to make healthy decisions.

Locations

Shipley 919 2 nd ST NE Canton, OH 44704	Pegasus Farms 7490 Edison St NE Hartville, OH 44632
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JUNE GROUPS REGISTRATION

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**Please circle the groups you have signed up for and keep this page for your records.
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Monday		Tuesday		Wednesday		Thursday	
Coping Kids		Explorers		Peaceful Me		Express Yourself	
Location		Location		Location		Location	
Shipley		Shipley		Shipley		Shipley	
Age	Time	Age	Time	Age	Time	Age	Time
8-12	9a-12a	5-8	1p-4p	8-12	1p-4p	6+	1p-4p
Adventurer Games		Teen Scene		Explorers		G.I.R.L.S.	
Location		Location		Location		Location	
Shipley		Shipley		Shipley		Shipley	
Age	Time	Age	Time	Age	Time	Age	Time
6+	1p-4p	13-18	5:30p-8p	5-8	5:30p-7:30p	10-14	5:30p-7:30p
Pegasus		Pegasus		Triple P			
Location		Location		Location			
Pegasus Farm		Pegasus Farm		Shipley			
Age	Time	Age	Time	Age	Time		
12 +	3p-6p	12 +	3p-6p	Parents	5:30p-7:30p		
Construction Crew							
Location							
Shipley							
Age	Time						
3-5	5p-7p						

Please return this page to enroll your child in group.

A+ Group Services
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Participant Name _____

Child and Adolescent Behavioral Health Emergency Medical Authorization Form

In the event reasonable attempts to contact a parent/guardian have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the designed preferred physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible.

Client Name: _____ Date of Birth: _____
Address: _____ Phone #: _____
Parent/Guardian Name: _____ Phone #: _____
Address: _____ Alternate Phone: _____
Emergency Contact: _____ Phone: _____
Relationship to client: _____

I hereby give consent for the following medical care providers and local hospital to be called:

Family Physician: _____ Phone #: _____
Dentist: _____ Phone #: _____
Medical Specialist: _____ Phone #: _____
Hospital: _____ Phone #: _____

Check below any current health condition that may require attention:

- Allergies** to any of the following:
 - Foods: _____
 - Medicines: _____
 - Bee Stings: _____
 - Other: _____
- Hearing Problems: _____ Hearing Aids Y N
- Vision Problems: _____ Glasses Y N Contacts Y N
- Asthma (common treatment) _____
- Diabetes: how is this being managed _____
- Seizures: _____
- Heart Problems: _____
- Surgeries (including year) _____
- Please list all medications your child receives:** _____

Bedtime issues or concerns: (how is this being managed) _____

Any other medical information about your child that would be helpful for us to have: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by above-named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Parent/Guardian Signature _____

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Participant: _____ DOB: _____

A+ Group Services Policies & Procedures

I have received and read a copy of A+ Group Services Policies & Procedures and I understand them. I also understand that I may contact an A+ staff member at any time if I have questions or concerns.

YES NO I agree to follow the procedures while my child is participating in A+ Group Services.

Health Care

I understand that my child may be asked to apply or have an A+ staff member apply sunscreen and or bug spray if the climate/weather calls for such health care items.

YES NO My child has permission to use sunscreen.

YES NO My child has permission to use bug spray.

Confirmation Calls

A+ attempts to call every participant before their session starts, to remind them to attend.

We may also call to provide updated information regarding your program/session. Initial the appropriate 2 items:

YES NO *Permission for staff to leave messages on our answering machine.*

YES NO *Permission for staff to leave messages with anyone answering our phone.*

Audio – Video Permission:

I give permission to Child and Adolescent Behavioral Health to produce/use representations of my child for the purposes of training, education, marketing, promotional, fund development or other presentations designed to benefit the organization and its staff, our customers and the community we serve. I understand these representations of my child may make it known he or she received services from C&A. This release does *not* authorize C&A to provide any other *specific* information about my child's condition without my expressed written consent.

YES NO Printed: *name, quotes, descriptions etc.*

YES NO Video: *visual recordings*

YES NO Photographic: *digital and film pictures*

YES NO Audio: *sound recordings*

Participant's Commitment:

I agree to attend all sessions, fully participate in every activity and abide by the program rules. I understand that by keeping my commitment to participate, I am likely to learn new things, make friends and have fun.

Participant Signature: _____ Date: _____

Parent/Guardian Commitment:

I will arrange my child's transportation and will follow the Carline procedures, if applicable. **I agree to send my child to every scheduled group and will only keep them home from group for illness or emergency, not as a punishment.**

In the event I **cannot** be reached, the following people have my permission to transport my child(ren).

Please note a photo ID maybe required before we will release a child.

Name	Relationship to child	Phone Number
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Name	Relationship to child	Phone Number
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Name	Relationship to child	Phone Number
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Parent/Guardian Printed Name(s) _____

Parent/Guardian Signature: _____ Date: _____