



# Pathways for Exceptional Children and Montville Township Recreation



## Social Games and Activities For Children with Special Needs

**WHO:** Ages 5-12. (Parents or caregivers must accompany children if needed)

**Instructors:** Mary Ricciardi, School Psychologist and Adrienne Orofino, School Psychologist

**WHAT:** This program is partially funded by a grant from Autism Speaks and is designed to teach social skills such as turn-taking, eye contact, conversation, following directions and rules, winning and losing, etc through participating in and learning how to play board, circle, and playground games. The class will also provide opportunities for the kids to perform small skits and role play using a karaoke, music and other interactive avenues for learning in front of small groups.

**WHERE:** Montville Library • Pio Costa Auditorium • 90 Horseneck Road • Montville

**WHEN:** Wednesdays - September 17, 24, Oct 1, 15, 22 from 4:30-5:30pm

**FEE:** \$25.00 for the 5-week session  
\* Note: There will be a \$5.00 processing fee on all program refunds!

**PLEASE NOTE:** If you will be registering via the drop box, you must have your registration and payment in by September 15th. Any registrations dropped off after September 15th will not be accepted. Same day registrations cannot be accommodated.

### REGISTRATION PROCEDURE:

**PAYABLE TO:** Montville Recreation, 195 Change Bridge Road, Montville 07045

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot

\*\*\* NEW !!! A CONVENIENCE FEE will now be charged for Credit Card use!

Credit cards will ONLY be accepted ON-LINE!

\*\*\* Check or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!! \*\*\*

For On-Line Registration !!! Go to the town's website at: [www.montvillenj.org](http://www.montvillenj.org). Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration

**QUESTIONS?** Call the Recreation Dept. at: 973-331-3305

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## **Pathways Social Games & Activities •9/17/08-10/22/08**

NAME \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

Please indicate any special needs that your child may have that will assist us in providing a successful experience.

My child has my permission to participate in the Social Games & Activities •9/17/08-10/22/08 at Montville Library • Pio Costa Auditorium • 90 Horseneck Road • Montville, NJ as described above.

I understand that the Montville Recreation Department DOES NOT provide ACCIDENT INSURANCE.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE: Fee Paid \_\_\_\_\_ Cash ( ) Check ( ) Charge ( ) Received by \_\_\_\_\_ Date \_\_\_\_\_