

Where Abilities grow and grow!

TherAbilities

TherAbilities Friendship Club is a therapeutic program fostering the

development of friendships and social skills in young adults. The seven- week evening program is designed and led by our licensed speech, occupational, and physical therapy team, with special emphasis on creating a safe and fun environment for young adults to socialize and recreate together. Participants will share in the design of weekly activities and events, including sharing personal interests, hobbies, music, games, and snacks/light meals. Outdoor recreational activities will be included as weather conditions and participant interests support. The program will include some opportunities for participants to videotape to enhance their social learning and friendship building skills.

**Friendship Club**

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**Summer 2O18**

(717) 540-9218

4210 Linglestown Road

Harrisburg, PA 17112

www.therabilities.com

 TherAbilities

**For Young Adults Ages 16-25**

#### Ages:

Young Adults aged 16-25 years

#### Schedule:

|  |  |  |
| --- | --- | --- |
| Date | Time\* |  |
| Tuesday6/19/18 | 6:30pm - 8:00pm |  |
| Tuesday6/26/18 | 6:30pm - 8:00pm |  |
| Tuesday7/10/18 | 6:30pm - 8:00pm |  |
| Tuesday7/17/18 | 6:30pm - 8:00pm |  |
| Tuesday7/24/18 | 6:30pm - 8:00pm |  |
| Tuesday7/31/18 | 6:30pm - 8:00pm |  |
| Tuesday8/07/18 | 6:30pm - 8:00pm |  |

\*Subject to change only if registrations require.

**Cost:** $350 for the 7-week session

Payment is due on or before the first meeting.

**Intake:** First-time applicants must call our office to schedule an intake appointment. Our intake fee is $95. New registrations are not accepted until intake appointments have been completed.

**Cancellation Policy:** A $50.00 administration fee will be retained in case of cancellations. TherAbilities reserves the right to cancel for inadequate registration and will issue a full refund should this occur.

**To be considered for Friendship Club, please call TherAbilities office to schedule an intake appointment.**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_

Age & Birthday: \_\_\_\_\_\_\_\_

Parent Name(s):

Address:

Home Phone:

Cell Phone:

Email:

***Payment is due on or before the first group meeting. We accept Visa, MasterCard, Discover, & Checks.***

**TherAbilities, Inc.**

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**Harrisburg, PA 17112**

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● Individualized objectives will be

 identified with each participant as

 a result of the therapeutic intake

 appointment, caregiver input, and

 individual priorities. Personal

 objectives will be within the

 following targeted areas of focus:

● Social self-regulation skills

● Social communication skills

● Cooperative group skills

● Hobbies, interests, leisure, and

 recreation skills

● Relationship-building skills

### Friendship Club Registration

###  Objectives

### Summer Session