



The Asperger's Related Services Department is offering an interactive workshop

THE PARENT FORUM



This monthly support group is scheduled to run on Monday evenings from 7:30-8:30 p.m. We will be running two sections of this workshop, one for parents of children under the age of 13 and one for parents of children who are 13+.

The under 13 section will run: **7/20, 9/22, 10/20, 11/17, and 12/8**

The 13+ section will run: **7/13, 9/15, 10/13, 11/10, and 12/1**

The support group will have a two-part focus. The first aspect of group will explore the challenges of parenting individuals with Asperger's and related disorders. The second aspect of each group will allow participants to share and process their own experiences within their families. Please see the attached registration form for each month's topic.

Co-facilitators: Jeanne Marron, Ph.D., Clinical Director of ARS
Janine Standish, LPC, Clinical Supervisor of ARS
Britney Acquaire, MA intern in ARS

We strongly encourage both parents to attend this workshop together. The cost for this workshop will be \$20 for both parents to attend. Space is limited so kindly respond as soon as possible.

To register please call Kelly Weaver at 201-857-0080.

ASPERGER'S RELATED SERVICES WORKSHOP REGISTRATION FORM

The Parent Forum

Cost: \$20 (fee covers ONE session for both parents)

13 & Under Section

- ___ July 20, 2014 – *Independence and Advocacy*
- ___ September 22, 2014 – *School Success*
- ___ October 20, 2014 – *Co-Parenting & Setting Boundaries*
- ___ November 17, 2014 – *Preparing for the Holidays*
- ___ December 8, 2014 – *Sibling Challenges*

13 + Section

- ___ July 13, 2014 – *Independence and Advocacy*
- ___ September 15, 2014 – *School Success*
- ___ October 13, 2014 – *Co-parenting & Setting Boundaries*
- ___ November 10, 2014 – *Preparing for the Holidays*
- ___ December 1, 2014 – *Sibling Challenges*

Total payment enclosed: _____

Name(s): _____

Phone: Day _____ Cell: _____ Evening _____

Check if ___ work ___ or home Address: _____

Email address: _____

Age of child/family member with Asperger's or related disorder: _____ Child's Diagnosis: _____

Please make checks payable to: West Bergen Mental Healthcare
 Mail payments to: Attention: Kelly Weaver
 Asperger's Related Services Department – The Parent Forum
 West Bergen Mental Healthcare
 615 Franklin Turnpike
 Ridgewood, NJ 07450

Registration forms and payments are due one week prior to the EACH workshop date. You may call up to the day of the workshop for possible last minute registration. However, this is a small interactive workshop series and seating is limited and reserved for those registering in advance. Please note that all payments are non-refundable.

