

ASPIRe NY, inc.

Autism Spectrum Peer Integration & Recreation

15 Carlyle Terrace
Saratoga Springs, NY 12866

Phone: 518-932-4356

info@aspireny.org

www.aspireny.org



ASPIRe NY, inc. Adult Co-Ed Supper Club

The Supper Club will meet once monthly to focus on social skills, communication and collaboration, and meal preparation skills. **Steve Szalowski LCSW-R** of [Spectrum Life Strategies, Inc.](#) has been contracted to provide lessons and coaching during the social communication and problem solving situations that occur naturally in The Supper Club.

The Supper Club participants decide on what the menu will be, how to divide the tasks, and other aspects of planning, preparing, clean up and serving a family style meal. Because of the nature of this program, participants are requested to make a reasonable effort to come to most scheduled lessons.

The Supper Club is held at 1190 Troy Schenectady Road in Bldg #4 Wildwood Programs in Latham NY.

The Supper Club participation fee is **\$25 per month** payable in two installments of \$150 or one payment for the entire 2009-2010 Supper Club program of \$240 (A savings of \$60!)

If you join after January, the Dues must be pro-rated to reflect the number of months left in the Session @ \$25/mo.

**This fee includes the cost of dinner for the participant and up to two additional family members.

We are so thankful to **Wildwood Programs** for donating kitchen and meeting space, and **Albany Autism Society of America** for their support of the Supper Club for adults. The Albany ASA has provided ASPIRe NY, inc. with scholarship money for 4 individuals who have financial need. ASPIRe NY **will not** turn away any adult participant who wishes to attend Supper Club but who cannot afford the participation fee.

The Supper Clubs are scheduled on a Monday evening from September – August.

*If a lesson is unavoidably cancelled due to inclement weather, it will be rescheduled for another date.

If you are interested, please fill out the attached enrollment form – We look forward to seeing you at **The Supper Club!!!!**

Deb Garrelts and Julie Marks

ASPIRe N.Y., inc.

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Adult Co-ed Supper Club Enrollment Form

Participant Name: _____

date of birth: _____

Address: _____

Phone: _____ cell: _____

Email address: _____

The Adult Co-ed Supper Club runs once monthly continuously for 12 months from September - August.

Select Fee Schedule: (✓)

2 installments of \$150
10/15/09 and 1/15/2010 _____

or

\$240 one time payment _____
by 10/15/09 (you save \$60!)

or

If you join after January, the
Dues must be pro-rated to reflect the
number of months left in the
Session @ \$25/mo. _____

Or

"I wish to apply for scholarship _____
due to financial need"

Please list any food sensitivities or allergies here and what happens when eaten:

Please list any cultural or religious food restrictions or observances:

Hold Harmless Agreement

I, _____ as a voluntary participant in **The Supper Club** agree to hold harmless, ASPIRe N.Y., Inc., its participants, its facilitators and/or any of its agents for activities that I participate in.

Participant Signature

Date

Parent/Guardian Signature if participant is under age 21

Date

**** Please return this signed form to ASPIRE NY, inc. at the address above.**