

# ASPIRe NY, inc.

Autism Spectrum Peer Integration & Recreation

15 Carlyle Terrace

Saratoga Springs, NY 12866

[www.aspireny.org](http://www.aspireny.org)

Phone: 518-932-4356

[info@aspireny.org](mailto:info@aspireny.org)



## ASPIRe NY, inc.

### Young Ladies 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 on positive social interaction and problem solving which will carry into day-to-day life situations.

**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.

Parents of **The Supper Club** participants are invited to the meal, and meet with Steve Szalowski to discuss reinforcement of social skills lessons.

**The Supper Club** is the ideal setting to learn and practice socialization skills and adaptive skills needed for independent living – **BECAUSE ITS FUN!!!**

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

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

**The Supper Club** participation fee is **\$25 per month** payable in two installments of \$100 Lessons or one payment for the entire 2009-2010 Supper Club program of \$160 (A savings of \$40!) This fee includes the cost of dinner for the participant and up to two additional family members. Additional family members are welcome – There will be a \$5 per person charge to cover cost of food.

ASPIRe N.Y., inc. gratefully acknowledges the generosity of **Wildwood Programs** for donating kitchen and meeting space.

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**

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## Young Ladies Supper Club Enrollment Form

Participant Name: \_\_\_\_\_

date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Select Fee Schedule: (✓)  
2 installments of \$100  
10/15/09 and 1/15/2010 \_\_\_\_\_  
or  
\$160 one time payment \_\_\_\_\_  
by 10/15/09 (you save \$40!)

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

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

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Please list any cultural or religious food restrictions or observances:

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### 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

**(Note: our insurance demands that at least one legal guardian stay at the Supper Club site for all participants under the age of 21).**

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